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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

NON-SUICIDAL SELF-INJURY AMONG ADOLESCENTS AND
YOUNG ADULTS OF COLOR: HOW RACIAL
IDENTITY IMPACTS SELF-HARM USE

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Chloe Ayesha-Marie Hinton

College of Education and Behavioral Sciences
Department of Applied Psychology and Counselor Education

August 2019

This Dissertation by: Chloe Ayesha-Marie Hinton

Entitled: *Non-suicidal Self-Injury among Adolescents and Young Adults of Color: How Racial Identity Impacts Self-Harm Use*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in the College of Education and Behavioral Sciences in the Department of Applied Psychology and Counselor Education, Program of Counseling Psychology.

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ABSTRACT

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This dissertation study was written and conducted to explore the connections between racial identity and non-suicidal self-injury (NSSI) that people of color experienced during adolescence. This was explored through the use of a phenomenological, qualitative methodology. The researcher accessed individuals of color through online websites, forums, and blogs, and additionally through contacting diversity related cultural centers on university campuses. Individuals completed a prescreening questionnaire, and were then contacted to take part in semi-structured, individual interviews. Eight individuals described at length their experiences with their racial identity development and their experiences with NSSI. The following six themes regarding their experiences with their racial identity, their NSSI use, and the intersection of the two emerged through the analysis process: a) “Racial Undertones:” Coming into One’s Racial Identity, b) “I thought I was dealing with the problem:” Exploration of Non-Suicidal Self-Injury, c) The Intersection between Race and Non-Suicidal Self-Injury, d) Because she wouldn’t understand:” When Support is Missing, e) When Support is Provided, and f) We Shall Overcome! They additionally provided recommendations for the field of counseling psychology regarding this phenomena. The connections the themes had to current literature were then described, as well as the

implications that can be drawn from the themes. Some of these implications include internalized racism playing a role in the use of non-suicidal self-injury among the participants, as well as ways the field of counseling psychology needs to attend to race and intersectionality. This dissertation ended with a discussion of the limitations.

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CHAPTER I

INTRODUCTION TO THE RESEARCH PROBLEM

Introduction

The climate regarding the stigmatization of mental illness in the United States (U.S.) has been shifting. Society is beginning to understand the various ways that different groups are impacted by mental health concerns. In many ways such concerns are being taken more seriously, and this is evidenced by the growing amount of research exploring the implications of different struggles (Keyes, 2007). Particularly, research around difficulties such as suicide and non-suicidal self-injury (NSSI) is constantly growing (Best, 2006). Despite the growing amount of research and awareness we see, there are still gaps in this research.

In addition to the increase in mental health awareness, we continue to gain a better understanding of what it means to belong to racial minority group in the US, and the impact that identity status can have on the individual. Given the political tension around race in this country, it is especially important to be considering these effects. Continuing to understand and explore these distinctions is important, particularly in the context of mental health (Bucchianeri, Eisenberg, Wall, Piran, & Neumark-Sztainer, (2014). Recognizing the ways in which different racial groups experience various mental health concerns is crucial to addressing those difficulties appropriately; and in order to

attend to those concerns ethically, we need to increase our multicultural competencies. (Abrams & Gordon, 2003).

As adolescence is generally seen as a time of great change and a critical time of development for individuals (Breen, Lewis, & Sutherland, 2013) exploring the relationship between racial identity and mental health may have implications for their future functioning and adjustment as adults. NSSI is a particular mental health issue of importance, given that it typically begins in adolescence (Muehlenkamp & Gutierrez, 2004; Ougrin et al., 2012). Gaining a better understanding of how racial identity plays a role in the use of NSSI among youth may contribute to the growing literature base around how to more competently serve and help those individuals. While research exploring the relationship between racial and ethnic identity and NSSI is growing (Chesin, Moster, & Jeglic, 2013; Goddard, Subotsky, & Fombonne, 1996; Gratz et al., 2012; Sansone, Sellbom, Chang, & Jewell, 2012), without a clearer understanding of that relationship we run the risk of generalizing treatment approaches that were created with Caucasian or White people in mind, to the detriment of people of color.

Background and Context

Racial Identity

The impact of race and racial identity on an individual's well-being has been studied fairly extensively. Over the years, different racial identity models have been created (Cross, 1971, 1991; Phinney, 1992) and used as springboards to explore the interaction of racial identity, location along the various continua, and interpersonal and intrapersonal functioning in the greater world (Elmore, Mandara, & Gray, 2012). Cross (1971) was one of the first researchers to posit a model on racial identity. He created the

linear, five-stage model of Nigresence, where Blacks or African Americans would move from a stage of self-hatred to one of self-love. This model was the basis for, and was used to inspire, the creation of many other racial identity models (Helms, 1995; Sullivan & Esmail, 2012).

Research has explored the connection between racial identity and mental health symptoms. Mandara, Gaylord-Harden, Richards, and Ragsdale (2009) explored the connection between being proud of one's racial identity and its effect on anxiety, depression, and self-esteem among African American adolescents. They found that for both male and female eighth grade students, an increase in racial identity or racial pride was associated with a decrease in depressive and anxious symptoms. One of the implications they posited was that as a racial minority child grows up, if she/he is able to gain more pride in their racial identity, feelings and symptoms associated with depression and anxiety (due to low self-esteem and lack of racial identity) are likely to decrease. These findings highlighted the importance of exploring the connection between racial identity and mental health.

Jones, Cross, and Defour (2007) explored how multiple racial identity attitudes may impact different aspects of mental health. Using the Cross Racial Identity Scale (CRIS; Cross & Vandiver, 2001), they found that strong identification with the racial self-hatred construct of the CRIS model both negatively predicted self-esteem and positively predicted depression. In addition, they found that those who felt more positively about their multicultural identity were less depressed than those who felt more negatively about their multicultural identity. Yasui, Dorham, and Dishion (2004) found similar results, as African American adolescents who felt more negatively toward or who

were uncommitted to their ethnic identity were more likely to experience negative psychological symptoms such as depression and internalizing/externalizing behaviors as compared to those with higher levels of ethnic identity. In contrast to the results that Mandara et al. (2009) found regarding racial pride and identity, Jones et al.'s (2007) and Yasui et al.'s (2004) results posited that negative perspectives on one's own racial identity may have a detrimental impact on one's mental health.

Elmore et al., (2012) noted that African American children have a much more difficult time than White children in holding and fostering positive feelings about their own ethnic or racial identity, particularly since their racial and cultural standards are not of the majority in our society and are often over-looked and devalued. During pre and early-adolescence, children of color have been influenced by the greater society's views and perspectives about their racial groups. Major aspects of the way in which society views them includes racial discrimination and being considered different or lesser than White people. (Quintana & Smith, 2012). To continue along a path toward healthy functioning as an adult, it is imperative that minority adolescents develop a more secure sense of self in their racial identity, particularly in light of the stereotypes, differences, and discrimination that they will continually experience (Phinney & Kohatsu, 1997). It is worth mentioning that Yasui et al. (2004) found that a stronger ethnic identity more consistently predicted positive psychological adjustment for African Americans, but not for Whites. This may indicate that ethnic or racial identity may be particularly crucial to take into consideration when examining psychological functioning of racial minority groups, yet is less important for Whites.

While limited, some research has examined the relationship between race, racial identity, and NSSI. Bucchianeri et al. (2014) explored the relationship between different types of harassment and their impact on unhealthy behaviors and psychological symptoms. Their population was racially diverse and consisted of African-American, White, Asian-American, Native American, Hispanic and mixed race adolescents. They found that students who had experienced race-based harassment were significantly more likely to engage in NSSI behaviors, for both male and female adolescents. They also found that race-based harassment was significantly associated with greater levels of depression, greater body dissatisfaction, and lower self-esteem. One limitation of this research, however, was that the differences between racial groups were not parsed out, and so we cannot glean any information regarding differential experiences across groups. Similarly, Hay and Meldrum (2010) examined the relationship between bullying and self-harm, and found that non-White adolescents who had endured both cyber and traditional bullying were more significantly likely to self-harm than those who had not experienced cyber or traditional bullying. Gratz et al. (2012) found that African American adolescents were significantly more likely to use NSSI in middle school than White adolescents. Conversely, White adolescents engaged in NSSI at significantly higher rates than Black adolescents when in high school. Gender played a role in NSSI use where African American males at both the high school and middle school levels engaged in NSSI significantly more than African American females and White females and males. African American males were also more likely to use scratching, punching and biting behaviors as compared to the other child and adolescent groups.

One difficulty with the aforementioned studies is that while they (a) explored and discussed differences in NSSI between racial groups, and (b) reported different factors that may impact the use of NSSI amongst racial minority groups, they did not take racial identity development into consideration. Marshall and Yazdani (1999) came close in their exploration of how culture may impact self-harm among Indian, Pakistani, and Bengali (labeled collectively as Asian in the study) females and their families in the United Kingdom. The authors found that seeking help to cope with NSSI use was associated with a loss of control among some of the participants' families. One limitation with this study is that they did not differentiate between self-harm with suicidal intent and self-harm without suicidal intent. Instead, the authors focused more on the connection between gender roles and culture. In a similar study that explored culture and NSSI Abrams and Gordon (2003) presented differential experiences with NSSI between adolescents from the majority White culture and racial minority cultures. These two groups were characterized based on either belonging to urban and suburban communities; it just so happened that the racial minority participants were in the urban sample and the White adolescents were in the suburban sample. However, they did explore differences in the language used regarding NSSI behaviors, noting that young women of color may use more culturally-influenced language to describe their experiences, which differed from descriptions used by the suburban White young females. More specifically, urban young women of color may use their "experiential frame of reference" (pp. 441) and process their experiences through language of anger or frustration, while suburban White adolescents describe their experiences through a lens of pain. Again though, we saw that racial identity was not the focus of the study, and was not explored in depth.

Self-Harm or Non-Suicidal Self-Injury (NSSI)

Deliberate self-harm, self-mutilation, or as it has more recently been labeled and will be referred to through this study, non-suicidal self-injury (NSSI), continues to be a well-researched topic. Through the years and the transitions in terminology, the concept has been more carefully defined. Favazza (1992) used terms such as superficial or moderate self-mutilation, and defined the behaviors as burning, skin cutting, self-punching, and scratching. He distinguished the aforementioned behaviors from major or stereotypic self-mutilation, which consisted of more dangerous behaviors such as castration and head-banging. Additionally, self-mutilation has historically been considered a symptom of other mental disorders, such as Borderline Personality Disorder, Histrionic Personality Disorder, Anorexia Nervosa, Bulimia Nervosa, and Post-Traumatic Stress Disorder (Briere & Gil, 1998). There had been a shift in the literature to consider the occurrence of NSSI without pre-presence of a comorbid mental disorder (Favazza, 1998), which had led to a more in-depth exploration of this phenomenon.

NSSI had become distinguished from types of self-harm with a suicidal intent in a number of ways. Walsh and Rosen (1988) defined NSSI as intentional, likely goal-directed, typically non-fatal, and socially unacceptable. Further, Muehlenkamp and Gutierrez (2007) found that adolescents who engaged in NSSI behaviors were motivated to live, which helped to differentiate such behaviors from self-injurious behaviors with a suicidal intent. Literature supporting this idea led to changes in the definition of NSSI. For this study's purposes, NSSI was referred to as intentional self-inflicted acts that cause bodily harm without suicidal intent, and are outside of socially accepted behaviors (Claes, Luyckx, & Bijttebier, 2014; Laye-Gindhu & Schonert-Reichl, 2005). There were a

number of agreed-upon characteristics that define what NSSI consists of. NSSI behaviors tend to vary, though the most commonly-used form is skin cutting, or the use of sharp objects such as knives or razors to cut one's wrists, arms, or legs (Abrams & Gordon, 2003; Briere & Gil, 1998; Laye-Gindhu & Schonert-Reichl, 2005; Muehlenkamp & Gutierrez, 2004). Other less commonly-used forms include burning, scratching, hair pulling, self-hitting or punching, and bone-breaking (Gratz et al., 2012), some of which would be considered more severe or dangerous types of behavior similar to what Favazza (1992) noted in his research.

Ideas on the function or purpose for using NSSI had also evolved. Initially, literature considered deliberate self-injurious behavior as “practice” for individuals who were planning to complete suicide (Briere & Gil, 1998). The distinction has been made, however, between this type of self-injurious behavior and NSSI, as these constructs tend to have different end-goals or purposes. Muehlenkamp and Gutierrez (2004) wrote about the phenomenological differences between NSSI and suicide attempts, as NSSI is considered a way to avoid suicide attempts and as a “life-preserving action” (p. 20). A number of functions for NSSI have been identified. For some individuals, NSSI had been found to reduce dissociative experiences or painful emotional affect, as well as to distance themselves from distressing memories (Briere & Gil, 1998; Laye-Gindhu & Schonert-Reichl, 2005). For others, NSSI had been used as a way for persons to punish themselves and even reduce the anger they feel toward themselves (Briere & Gil, 1998; Laye-Gindhu & Schonert-Reichl, 2005). In a similar vein, NSSI may help reduce feelings of fear, sadness, emptiness and loneliness, providing the individual with a sense of relief (Briere & Gil, 1998). Other theories around NSSI consider its use as a way to

cope with and manage feelings associated with familial, sexual, physical, or other types of trauma (Abrams & Gordon, 2003; Connors, 1996). The larger concept of NSSI being a way for individuals to regulate affect states speaks to the idea that NSSI is a coping skill, though it generally is considered a maladaptive one (Laye-Gindhu, & Schonert-Reichl, 2005). Conversely, its use had been shown to increase one's sense of shame (Biddle et al., 2013). NSSI had also been documented as a way for some to communicate the amount of distress they may be feeling to others (Abrams & Gordon, 2003; Brady, 2014; Briere & Gil, 1998; Crouch & Wright, 2004).

Prevalence rates regarding the use of NSSI vary greatly. Some studies have found it to occur in as low as 4% in the general population (Briere & Gil, 1998), and as high as 39% among a non-clinical population of adolescents in middle school and high school (Gratz et al., 2012). Researchers have noted that this wide range of prevalence rates is likely due to differences in conceptualization and methodology across studies (Hay & Meldrum, 2010). Most prevalence rates among youth and adolescents aged 12 to 18 seem to fluctuated from 18% (Hay & Meldrum, 2010; Lereya et al., 2013) to 26.5% (Claes et al., 2014). Additional research regarding these rates suggested that NSSI use may be on the rise (Muehlenkamp & Gutierrez, 2004), while others had countered that the rise in prevalence rates in the U.S. between 2001 to 2006 to be statistically insignificant (Muehlenkamp, Claes, Havertape, & Plener, 2012). Internationally, data showed that although the prevalence rates in 2011 were higher than they were in 2005, they did seem to be stabilizing (Muehlenkamp, Williams, Gutierrez, & Claes, 2009). So while prevalence rates seem to be increasing, the literature base had not come to a consensus regarding these rates.

The age of onset of NSSI also varied, with studies typically showing that many individuals may begin between the ages 13 to 15 (Moran et al., 2012; Muehlenkamp & Gutierrez, 2004; Ougrin et al., 2012) with the earliest ages of onset being reported between three and five years old (Claes et al., 2014; Muehlenkamp & Gutierrez, 2004). Prevalence rates for NSSI across gender tended to be inconclusive. Some research showed that females tended to engage in NSSI at significantly higher rates than males (Guerreiro, Figueira, Cruz, & Sampaio, 2014; Kaminski et al., 2010; Laye-Gindhu & Schonert-Reichl, 2005) while others had found no significant differences according to gender (Claes et al., 2014; Gratz et al., 2012; Muehlenkamp & Gutierrez, 2004; Watanabe et al., 2012). Earlier research tended to see such differences according to gender, while newer, more generalized samples appeared to yield results that did not show significant differences. This may have been due to differences in sampling strategies as well as a possible increase of NSSI behaviors in males (Hawton, et al., 2003).

At best, previous literature regarding race and NSSI engagement was mixed. Some research suggested that Caucasian individuals may report engaging in NSSI more often than other racial groups (Muehlenkamp & Gutierrez, 2004). It is important to note that this difference had been noted in the literature as a possible limitation, as there was a dearth in the literature regarding ethnic and racial differences regarding NSSI (Muehlenkamp & Gutierrez, 2004). However, there was some research to show that racial minorities may have been engaging in NSSI more frequently than previously thought. Gratz et al. (2012) found that Black youth, in grades six through 12, reported significantly higher rates of deliberate NSSI than did Caucasian youth, despite having a

sample that was 67% White and 33% Black. Kaminski et al. (2010) found that (a) Hispanic youth and (b) youth who identified as Other than Black or non-Hispanic White were equally as likely to report NSSI behaviors as non-Hispanic White youth. Other research had shown that differences in NSSI frequency between racial groups were non-significant, yet they stressed the importance of including racial identity when considering susceptibility for NSSI (Goddard et al., 1996). The authors cited under-reporting and referral bias as potentially being reasons for the lack of significance in their study, and stated that the significantly different levels of social stress that Black adolescents reported in comparison to White adolescents was an important factor to consider. These results spoke to how inconclusive and incomplete the research previously was around the use of NSSI among racial minority youth. It was imperative that further research was conducted to add to the literature, with the hope that reported findings may address those discrepancies and help promote a clearer understanding of the relationship between NSSI and race among youth.

There was also research to support differences in rationale for NSSI use between differing racial groups. Abrams and Gordon (2003) conducted a qualitative study interviewing three Black and Latina urban and three White suburban adolescent females and to explore their reasons for self-harming. The purpose of their study was to construct a more developed understanding of NSSI use among adolescent females from urban and suburban social contexts. Abrams and Gordon (2003) note that due to their sample size of six, they did not make their focus on racial, ethnic, cultural or social characteristics. However, they found that the White suburban participants tended to use NSSI when feeling despair, while the ethnically diverse urban sample engaged in NSSI as a means to

release the pent-up anger that they felt towards others. That study provided evidence for the idea that different racial groups may apply different meaning to NSSI behaviors.

Fortune, Sinclair, and Hawton (2008) explored adolescents' views on ways to prevent NSSI, taking gender and racial differences into account. The authors found eleven different themes through analysis of open-ended questions about self-harm prevention that was included at the end of a questionnaire. The most dominant theme was communication, as was endorsed by 35% of the participants in their sample. They also found that support from school staff was an important preventative factor for Black and White participants, as compared to other ethnic groups. Strenuous school work load was another reason students engaged in NSSI. Participants also commented on the role bullying, discrimination, and racism may play in students engaging in self-harm. Ethnic groups other than Black, White or Asian were most likely to comment on the role of bullying and physical violence as a reason for engaging in NSSI. As informative as the themes were regarding adolescent views on prevention, their findings also provided directions for further research. For example, while responses regarding prevention were coded and included in the study, this was regardless of whether the adolescents had personal experience with NSSI. There may be significant differences in views on prevention among students who have such experiences versus those who have not. Further exploration around why certain racial groups hold particular views about NSSI engagement and prevention was yet another next step in the research.

Intended Audience

Racial minority adolescents are continually exposed to situations and are in environments where they are degraded and discriminated against based on their race,

which inevitably impacts their self-perceptions, self-esteem, self-concept, and general mental health (Spencer, 2005). While this is generally known and understood within the field of psychology, many of the nuanced impacts that this may have on different mental health concerns is less known. To gain a better understanding of those nuances within NSSI, we needed to explore the impact that racial identity may have on NSSI. As counseling psychologists, we were particularly concerned with practicing from a place of multicultural competence. To do this, we must work to understand what sorts of differences may exist between groups, and how those differences are experienced. We cannot say that our interventions are appropriate and that our understandings about a phenomenon are comprehensive enough without first exploring for a more complex picture. This study will hopefully be able to inform counseling psychologists, practitioners, social workers, educators, and researchers, helping to foster continued research, education, and competency development around NSSI among racial minorities.

Another particularly important aspect of this study was its focus on promoting social justice. Exploring the impact of racial identity on NSSI allowed groups who have been marginalized and have not yet had representation within the NSSI research to be heard. As counseling psychologists, another large tenet and aspect of our professional identity is the commitment to social justice and advocacy. Their stories, experiences, and perspectives on NSSI were important and necessary to advance this literature base. This study elucidated counseling Psychologists, practitioners, and educators how these marginalized groups differ, encouraged a more complex understanding of NSSI use along adolescents, and fostered a more informed dialogue regarding how to specialize our treatment of NSSI with racial minorities.

Rationale and Significance

Given that NSSI typically has been found to begin around the age of 14 (Muehlenkamp & Gutierrez, 2004), this study sought to gain a better understanding of how racial identity may impact adolescents could help with early identification of potential youth at risk of engaging in NSSI based on a multitude of factors. Adolescence in particular is a crucial time of development in the lives of all persons, including those belonging to racial minority groups, and is often when identity development exploration and changes in self-esteem occur (Mandara et al., 2009).

Gaining a better understanding of the connection between racial identity development and the use of NSSI had several implications. Given that some research has indicated that NSSI can be difficult to manage (Favazza, 1998), early intervention may be crucial in treating individuals who use NSSI before such behaviors increase in occurrence or severity (Muehlenkamp & Gutierrez, 2004). Further exploration of the impact of race on the use of NSSI may help counseling psychologists to be better informed about what may potentially influence their NSSI use, and to become more multiculturally competent in their practice (Gratz et al., 2012).

Statement of the Problem

There is a significant amount of research exploring NSSI. Thus far, research has shown that typically single, White females, ranging in age from early adolescence to early adulthood (Abrams & Gordon, 2003) engage in NSSI. Stories and experiences that have been explored from a qualitative perspective either have tended to focus on White adolescents and females (Crouch & Wright, 2004), or have not denoted race at all (Baker & Fortune, 2008; Breen et al., 2013; Claes et al., 2014; Hill & Dallos, 2012; McDermott,

Roan, & Piela, 2013). To date, this researcher was only able to find one qualitative study that explored NSSI and racial identity among an adolescent population (Breen et al., 2013). With regard to racial identity, a study by Marshall and Yazdani (1999) examined how culture impacted Asian-British females with histories of self-harm. Here in the U.S., no studies to date have explored the relationship between racial identity and engagement in NSSI among racial minority adolescents from an in depth, qualitative perspective. It was imperative to explore this relationship, and to further the field regarding multiculturally informed care. A portion of the U.S. population is being overlooked and are left without the support and adequate services regarding their mental health. This research not only attempted to inform the current types of support that are given to racial minorities adolescents who engage in NSSI, it could lead to preventive measures and reduce prevalence rates among this population. Without this research, these individuals may have been left suffering and without the necessary support they need to overcome NSSI use. Too often the experiences of marginalized groups are disregarded and this may have serious consequences for those individuals who are struggling. This study focused on exploring and describing the possible impact these racial identities and associated experiences may have on NSSI engagement.

Purpose of the Study

The purpose of this phenomenological qualitative study was to explore how racial minority teens experience NSSI in the context of their racial identity. After gaining approval from the university's Institutional Review Board (IRB), this study was conducted with a social constructionist paradigm in mind, as an overall goal of this study was to better understand the individual, personalized meaning that each participant makes

about their engagement in NSSI, taking into consideration the societal impacts and contexts that help shape the meaning making process (Crotty, 1998). As this particular theoretical lens focuses on understanding and describing the meaning of experiences that individuals have in the context, it was strongly in line with the goals of this study.

Data were collected through one on one interviews with adolescents, either over the phone or through the use of a video chat program, such as Skype. Access to this group was obtained through websites, discussion forums and blog posts where individuals' experiences with NSSI are being discussed. This is an increasingly effective methodology particularly for trying to gain access to sensitive, vulnerable populations (Breen et al., 2013; McDermott et al., 2013). I contacted administrators of these sites and asked permission to post information about my study asking for interested participants to respond to a brief, demographic Qualtrics survey. Additionally, cultural diversity centers in universities across the U.S. were asked to disseminate information about this study, including the brief survey, to their members. I used the information from this brief survey to contact participants that fit the inclusion criteria, and set up the interviews after that point.

Primary Research Questions

- Q 1 How do people of color express their use of NSSI? Particularly, is there a language to how they talk about NSSI?
- Q 2 How do the perspectives that people of color have on their racial identity influence their views on and use of NSSI?
- Q 3 What reasons do people of color express for engaging in NSSI?
- Q 4 How do the experiences people of color have in the greater society regarding their racial identity impact their use of and views on NSSI?

Limitations of the Study

As with any study, there were limitations to be considered. One of the major criticisms around using a qualitative methodology was concerning the trustworthiness of the data. To ensure credibility within my study, I planned to clearly and consistently articulate my research design. To conduct this study, I used a phenomenological research paradigm to guide my methodology. I obtained data from multiple participants, and used multiple research methods. I intended to gather data by interviewing eight to 12 participants who belonged to various racial groups and obtaining artifacts from them (such as journal or blog entries) that related to their NSSI use.

Another way to ensure credibility was through researcher reflexivity throughout the course of the study; I had a thorough researcher stance and kept a researcher journal throughout data collection and data analysis. The nature of qualitative research is that the researcher's experiences both inform the process and serve as a source of bias within it (Creswell, 2007). Discussing my own personal beliefs and biases that arise throughout the research process was incredibly important, and being transparent about any possible impacts that I might have had on this study is necessary (Morrow, 2005). This process was an important part of phenomenological research (Moustakas, 1994). As my cultural background, perspectives, and personal experiences made it impossible to be completely objective, bracketing, which is the first step in a phenomenological study (Moustakas, 1994), helped me to set aside my preconceived views so that I could better understand the participants and the data. In addition to bracketing, I planned to do member checks with the participants to ensure that I have understood and portrayed the experiences of those participants as accurately as possible. Lastly, I planned to have a peer who is well-versed

in qualitative research examine my data and presuppositions to ensure that the findings I came to were plausible.

Another potential limitation of this study was with regard to gaining access to the sample population. To address the vulnerability and sensitivity that must be taken into account when collecting data from participants who have used NSSI, I only conducted interviews with participants who had refrained from NSSI behaviors for a minimum of 6 months. These participants needed to be between the ages of 15-24. Given IRB standards regarding adolescent consent to research and Colorado Revised Statute §27-65-103(2), adolescents that meet the inclusion criteria were able to consent themselves for participation in the study.

Accessing participants primarily through web forums, websites, and blog posts had its own set of limitations. Previous research where this method was used reported having difficulty collecting demographic data, as individuals who post may or may not explicitly discuss their age, racial identity, or gender. To address this concern, I created a Qualtrics survey that interested participants can fill out. This survey included information about my study, the informed consent document, a five-question quiz regarding informed consent, a brief demographic questionnaire asking for information such as age, racial identity, gender identity, types of NSSI and how long ago they engaged in NSSI behaviors.

Summary

In this chapter I described that the purpose of this study was to explore how racial identity may influence and impact the use of NSSI among racial minority adolescents. Throughout this chapter, I described the rationale and reasoning behind why this study is

important. Racial identity in relation to NSSI is an area within our field that is lacking research; the experience of NSSI use among racial minorities is not represented within qualitative research. Exploring how racial identity development impacts NSSI did not only further our field in understanding the connection between these two constructs, it had the potential to help counseling psychologists and other mental health professionals to become better informed and more multiculturally competent practitioners. Without this research, we were severely overlooking a portion of our population that may be going without multiculturally informed treatment, and may suffer due to the lack of knowledge about NSSI. Being a racial minority in the U.S. already has its difficulties, lack of informed mental health treatment should not be one of them.

It was expected to contribute to the literature around racial identity and NSSI, as well as contribute to the field of counseling psychology in its quest to continue to be a multiculturally sensitive, informed and competent discipline. In this chapter I also discussed some of the limitations of my study, including the credibility of my data, the potential biases I may have as the researcher, and methodological difficulties that may arise.

Definitions

Adolescence: A period in an individual's life, from ages approximately 9-19 (depending upon the onset of puberty) characterized by developmental transitions such as the emergence of puberty and associated bodily changes, significant changes in cognitive reasoning and abstract thinking; increased autonomy and independence, and shifts in social relationships and social roles (Lenz, 2001; Rutter, 2007; Noack & Kracke, 1997; Schulenberg, Maggs, & Hurrelmann, 1997).

Autonomy: the development of confidence in one's ability to care for govern themselves, along with increased separation and less dependence on parental figures (Lenz, 2001).

Developmental Trajectory: patterns of structured change over time that typically consists of several developmental transitions (Schulenberg et al., 1997).
Reflecting on trajectories can offer a way to understand the path of change over time.

Developmental Transition: the actual, unique changes that an individual goes through. Often these transitions require the individual to reorganize the way one experiences the world or behaviors to it. Some of these transitions are chosen (entry into higher education) while some are out of the individual's control, such as puberty. (Graber & Brooks-Gunn, 1996; Schulenberg et al., 1997).

Ethnic Identity: A sense of belonging to a group that is united by a shared ethnic culture (Sullivan & Ghara, 2012).

Identity: The self-concept that an individual holds and the meaning they ascribe to that identity. This self-conception develops over time and is impacted by experiences throughout the life-span (Erikson, 1968; Graber & Brooks-Gunn, 1996; Lavoie, 1994; Meeus, 2011)

Non-suicidal self-injury (NSSI): Intentional self-inflicted acts that cause bodily harm without suicidal intent, and are outside of socially accepted behaviors (Claes et al., 2014; Laye-Gindhu & Schonert-Reichl, 2005).

Racial Identity: The connectedness among members of a group based on common physical traits and a shared experience of social oppression (Helms, Jernigan, &

Mascher, 2005; Sullivan, & Ghara, 2012). Racial identity reflects the quality and manner of identification with one's racial group (Helms, 1990).

Race: A socially constructed term used to try and separate groups of people with differing physiological characteristics (such as skin color, hair type, eye color, etc.) (Quintana, 2007).

CHAPTER II

A REVIEW OF THE LITERATURE

Reflecting on what life was like during adolescence often brings up both positive and negative feelings for most people. Research mirrors this mixture, as some research explores the positive transitions and experiences adolescence go through during this time (Eccles, Lord, Roeser, Barber, & Hernandez Jozefowicz, 1997; Schulenberg et al., 1997) while other studies discuss the hardships and risks that seem almost inherent in adolescence (Rutter, 2007). Some of these experiences are cross-cultural, while some struggles in adolescence may be impacted by the racial identity of the adolescent (Seaton, Scottham, & Sellers, 2006). Racial minority adolescents who find themselves struggling may chose various ways to cope, including engagement in NSSI (Abrams & Gordon, 2003).

In this chapter I discussed adolescence and some of the various transitional experiences that occur during this period. I also highlighted some of the mental health risks that may increase during this period of time. I then discussed racial identity, highlighting key models, and then explored how they apply to adolescence. Similarly to my review of mental health concerns in adolescence, I reviewed mental health concerns as they applied to racial minority adolescents in particular. I then ended my review by addressing non-suicidal self-injury (NSSI). I described characteristics about NSSI, as well as differentiated between NSSI and suicide. I outlined how NSSI was used by

various groups, funneling down to literature that discussed NSSI use among racial minority adolescents.

Adolescence

The adolescent experience is one that is full of transitions. By nature, this period is filled with developmental milestones, and serves as the point in an individual's life when they move from childhood into adulthood (Schulenberg et al., 1997). Several of these developmental transitions are somewhat obvious such as puberty, while others are more subtle such as the desire for increased autonomy. Regardless of how observable the transition, they all contain aspects of change and growth. These transitional experiences shape and define what it means to be an adolescent (Graber & Brooks-Gunn, 1996). Given the nature of change, this period is often one of disruption, transformation, and instability as the new "normal" slowly develops (Lenz, 2001). Given these experiences, adolescence can be seen as a time of risk-taking, experimentation and opportunity. Some of these changes will be largely positive—they will allow the individual to (a) gain a more complex understanding of the world operates, (b) learn and develop new perspectives and skills, and (c) achieve a greater sense of continuity with self (Eccles et al., 1997). Others, may negatively impact the adolescent, providing opportunities for increased physical and mental health concerns (Schulenberg et al., 1997).

As can be seen above, adolescence is typically characterized by the word "transition," and much of the literature describing the adolescent experience contains this word in their definitions (Fuhrmann, 1990). Due to this, the adolescent period is often defined as the bridge between childhood and adulthood. Historically, the concept of adolescence as a distinct period did not emerge until the United States (U.S.) began to

make significant technological and industrial advances, shifting away from agriculture as its primary source of revenue. This shift in the economic structure of the U.S. allowed for increased opportunities for youth to engage in higher levels of education, as well as provided them with more career choices (Fuhrmann, 1990). As compared to indigenous or agrarian societies where the transition from childhood into adulthood is typically marked by various rites of passage and/or the onset of puberty (Lenz, 2001), the shifts in Western culture allowed for the development of the adolescent period. Over the years the definition regarding adolescents has shifted from being seen as a single transitional period to a state characterized by multiple transitions such as shifts in (a) education, (b) employment, (c) living circumstances, (d) cognitive functioning, and (e) self-identity, (Coleman & Roker, 1998; Graber & Brooks-Gunn, 1996; Lenz, 2001).

More recently, research has tried to shift away from the perspective of adolescence being a period characterized by turmoil and stress, noting that the type of turbulent experience historically described is the exception, not the rule (Coleman & Roker, 1998; Lenz, 2001; Rutter, 2007). This shift is partially mediated by the diversity of experiences that happen during this period of time (Coleman & Roker, 1998), as well as by psychological literature stating that the large majority of adolescents transition into adulthood without experiencing significant mental health concerns (Rutter, 2007).

Literature that regarded adolescence was much more convoluted as some views were based on historical perspectives and models, while others tried to consider more ecological and cultural implications (Schulenberg et al., 1997). As adolescence is a complicated time, with various factors influencing behaviors, it should follow that literature also must be as diverse and complex in understanding the adolescent

experience. There was, however, a typical trajectory regarding certain developmental transitions that occur for most adolescents. For the purposes of this study, social or interpersonal transitions and intrapersonal or self-related transitions were explored.

Interpersonal Development and Transitions

Interpersonal connection and social relationships are important and necessary aspects of the human experience (Laursen & Hartl, 2013). This concept holds true for the adolescent experience as well. As individuals move away from childhood and into adolescence, there are a number of ways in which those individuals transition with regard to how they relate to others. Some of these transitions are marked by the discovery and the shift into different roles (Crockett, 1997; Erikson, 1950), while others are marked by a shift in how one relates to those around them. These shifts in the specific roles themselves and the way those roles are enacted can have lasting implications that carry on into adulthood regarding how the individual views both themselves and others (Crockett, 1997; Schulenberg et al., 1997). As adolescents go through numerous transitions and experiences, an important aspect of successful identity development is discovering a role in their social relationships that they can fulfill (Laursen & Hartl, 2013).

Prior to entering into adolescence, individuals are largely cared for (emotionally, physically, financially and legally) by their parents and/or caregivers. However, adolescence is often marked as a time of increased exploration of autonomy from these individuals (Crockett, 1997; Erikson, 1950; Lenz, 2001). In some cases, the “taking of power” from parents and caregivers can be associated with somewhat harmful behaviors such as drug use, delinquency, (Steinberg, Fegley, & Dornbusch, 1993), or increased

turmoil in parent/caregiver-child relationships (Graber & Brooks-Gunn, 1996). In other cases, this newfound increase in autonomy has been shown to increase the development of more egalitarian attitudes regarding gender roles (Barber & Eccles, 1992).

As noted above, autonomy seems to impact how adolescents interact with their family systems as well as with their peer groups. Adolescents begin to place higher value and importance on the opinions of their peers as compared to the opinions of their family members (Blakemore & Mills, 2014). While children aged 10 to 13 years similarly value companionship and support from their peers, adolescents aged 13 to 17 years additionally indicated that acceptance by their peers influenced their personal worth, social worth, and self-evaluations. These findings gave evidence to the idea that belonging and interpersonal connections are important for the individual, and the developmental process toward gaining these positive relationships is imperative for a healthy sense of self (Blakemore & Mills, 2014).

One of the transitions seen in adolescence is the shift from being hyper-focused on themselves to being focused on others (Larson & Richards, 1991; Lenz, 2001). This shift can result in deepened connections within personal relationships, as well as an increased interest in caring for those outside of one's immediate peer group.

This shift to focusing on peers and friendships can have negative effects as well. As Hall (1904) observed, adolescents seem to shift to being dependent on friends and friendships for their happiness, rather than looking inward to their own resources. This also a time when risky behaviors increase, as behaviors such as alcohol use and smoking cigarettes tend to occur when individuals are with friends (Arnett, 2006; Blakemore & Mills, 2014; Maxwell, 2002). Aggressive behaviors toward one another (both physical

and relational) can also become more prevalent during this period of time (Arnett, 2006; Simmons, 2002).

Ostracizing certain individuals from friend groups, gossiping about one another, and spreading rumors are some of the ways that adolescents can relationally harm one another. These experiences can have negative effects on the adolescent (Blakemore & Mills, 2014; Brady, 2014; Garnett et al., 2014; Ragelienė, 2016). One study in particular explored developmental changes in adolescents and their connection to social isolation (Laursen & Hartl, 2013). They discussed the need to differentiate physical isolation from perceived social isolation, noting that high school-aged adolescents felt very lonely when they spent time alone on Friday and Saturday nights, yet time spent alone during the week was not correlated with loneliness. Young adolescents in middle school, however, did not report feeling increasingly lonely on the weekends. These findings suggest a shift in the experience of early adolescence as compared to middle or late adolescence, which Laursen and Hartl (2013) further explored by describing five developmental changes that contribute to the opportunity for the adolescent to experience social isolation.

The first developmental change Laursen and Hartl (2013) noted is with regard to the multiple transitions among interpersonal relationships that adolescents experience. As noted above, this period is often characterized by a shift away from spending time with family members and spending more time with peer groups. The authors also referenced the increase in committed romantic relationships in mid- and late adolescence. If the individual found themselves without the opportunities to spend more time with friends or to develop romantic relationships, the company of their families in comparison to friends, or the company of friends instead of a romantic partner, may be experienced by them as

perceived loneliness. The negative impact of these experiences can include disrupted social behavior, self-blame, lowered self-esteem, increased depressive symptoms, suicidal ideation, and engagement in NSSI (Best, 2006; Blakemore & Mills, 2014; Kaminski et al., 2010; Laursen & Hartl, 2013; Muehlenkamp & Gutierrez, 2007). Social isolation and its detrimental effects are just a few of many negative consequences that result from the transition around interest in interpersonal relationships.

Intrapersonal Identity Development and Transitions

Similar to the racial identity development models that were described below, personal identity development models explore how the individual comes to know themselves. Models such as Erikson's Psychosocial model (1968) or Kohlberg's Cognitive Developmental model (1976) take a stage approach to describe this process. These stages all tend to have the following considerations in common: (a) that identity is a developmental, linear, transitional process where change is described in each stage; (b) that identity development is finding a balance between what a person considers to be themselves and what they consider to be others; and (c) that while identity is the focus in adolescence, the "re-definition" that takes place during this phase does not happen in isolation and is connected the childhood or adulthood (Lavoie, 1994). In the pre-adolescent stages within these and various other stage identity models, the individual begins the struggle of taking control and seeking autonomy to take care of their own needs, where the individual in the middle to late adolescence stages is better able to navigate these processes. During the middle and late adolescent stages, the individual continues to explore their own interests and needs, with a better sense of what their social worlds will allow (Lavoie, 1994). Toward the end of the developmental adolescent

process, the individual moves more to a place of reformulation and permanence in adulthood.

Some difficulties with the aforementioned stage models was that they are one-directional and progressive in nature, they are concerned with the outcome of development rather than the process of identity formation, and they do not account for developmental regression or the transitions that might influence such regression (Lavoie, 1994). Some of these deficits have been addressed by identity development and formation models created by Waterman (1982) and Kegan (1982), and more recently by Luyckx, Goossens, Soenens, Beyers, and Vansteenkiste (2005) and Meeus, van de Schoot, Keijsers, Schwartz, and Branje (2010). These models were more concerned with differing dimensions of identity and the processes that lead to identity formation rather than the linear progression and the outcome of an identity that developmental stage models tend to focus on. For example, Kegan (1982) and Waterman (1982) noted that regression occurs when individuals have experiences or encounter obstacles that get in the way of decision-making. In contrast, newer models have challenged this general assertion, stating that identity formation in adolescence is more about exploring commitments and at times reconsidering a previous way of thinking. The individual explores new and old ways of being, then must decide which way of being is a better fit for the adolescent (Meeus, 2011).

As described in the identity models above, one of the major intrapersonal transitions that adolescents make is with regard to shifts in their dependence on others as opposed to independence (Baltes & Silverberg, 1994; Lavoie, 1994). Adolescents seek autonomy for a number of reasons. Distancing oneself from caregivers provides the

adolescent with the opportunity to redefine dependence in the parent-child relationship, as well as to give them a chance to be without such direct supervision (Laursen & Hartl, 2013). Individuals begin to shift both in their ability and confidence to rely on themselves rather than their primary caregivers (Lenz, 2001). The increase in independence from parents and caregivers can have positive impacts on the adolescents' self-efficacy around handling responsibility. This independence can also increase one's sense of self-reliance and self-determination, as autonomy is strongly associated with privileges and a level of recognition that accompanies adulthood (Crockett, 1997; Laursen & Hartl, 2013).

Marcia (1993) viewed separation as a necessary aspect of positive psychological adjustment, though he also stated an individual cannot exist in isolation. Individuation is highly valued in Western cultures, and while this step away from others is a part of that process, closeness and connection are considered equally as important (Laursen & Hartl, 2013). Adolescents who navigated this developmental transition in a relatively balanced manner were able to hold the ability to connect appropriately with others, while maintaining confidence in their newly established unique identity and sense of self (Laursen & Hartl, 2013; Lenz, 2001).

A major aspect of the adolescent experience is identity exploration (Laursen & Hartl, 2013; Lavoie, 1994; Meeus, 2011; Schulenberg et al., 1997). This period often is marked by the acquisition of a more nuanced and formulated sense of oneself, one's skill sets, how to cope with challenges in life and social relationships (Rutter, 2007). Those in the mid- to late adolescent periods actively search for a unique identity, often in a disorderly, non-linear way (Laursen & Hartl, 2013). During this time, adolescents often are encouraged to try new things and to seek out new experiences and roles. The

difficulty, however, is that not all of the activities and roles that they initially commit to hold their interest, which then results in dissolution of those commitments (Laursen & Hartl, 2013). Depending on how well the adolescent is able to navigate the transition from one commitment to another, they may struggle with establishing a solid identity.

An important aspect of the intrapersonal identity development process was with regard to the resources available for one to establish a healthy adult identity. Theorists have explored this concept in various ways, including Cote (1997) and his identity capital model. In Cote's (1997) model, he posits that individuals need access to various structures and supports in order to adequately develop intrapersonal resources for successfully navigating through life transitions. Without those structures, adolescents would have to largely depend on their own resources, some of which may not be adequate for coping with the transition at hand (Coleman & Roker, 1998). Regardless of the type of transition the individual goes through, or of the model describing adolescence, there at least seems to be one point of consensus among theorists. They posit that when an individual has to cope with multiple transitional experiences during a short period, they are at an increased risk for developing mental health concerns as compared to those who may experience those same transitions successively over a longer period of time (Coleman & Roker, 1998; Graber & Brooks-Gunn, 1996; Schulenberg et al., 1997).

Much of the research and models regarding adolescent identity development have largely been based on social roles and ego development, concepts initially introduced in the work of Erik Erikson (1950, 1956). The difficulty, however, is that most of these findings are based on research with White American youth and college-aged students. These models and conceptualizations regarding adolescent development do not explicitly

take into consideration the similarities or differences in the developmental experiences of racial and ethnic minority adolescents. When reflecting on mental health concerns, the lack of culturally informed models can be concerning as conceptualizations and treatment may be based on research findings that do not take these potential differences into consideration.

Mental Health Risks

When reflecting on mental health concerns and psychopathology, it was important to consider that despite the idea that adolescence is a difficult time, most individuals go through this developmental stage without experiencing any significant psychological concerns (Rutter, 2007). However, research does show that this developmental period is often associated with marked changes in rates and patterns of mental health concerns. These changes include (a) self-esteem concerns, (b) depressive symptoms, (c) schizophrenia, (d) disordered eating behaviors, (e) suicidal ideation, and f) suicide attempts (Glowinski, Madden, Bucholz, Lynskey, & Heath, 2003; Graber & Brooks-Gunn, 1996; Noack & Kracke, 1997; Rutter, 2007). Silberg, Rutter, Neale, and Eaves (2001) explored the connection between depression, environment and post-pubertal genes that are linked to stress susceptibility. The authors found preponderance for the development of depression in adolescent females as compared to adolescent males. Similar to the diathesis stress model as discussed by Rosenthal (1963), the interaction between genetic makeup and environmental factors impacts their susceptibility to developing depressive symptoms. Another factor in heightened vulnerability to mental health concerns is the interaction between developing neural networks and stress exposure (Blakemore & Mills, 2014). More specifically, because of interactions between

increasing neural chemicals and certain brain structures such as the hypothalamus or the pituitary gland, adolescents may experience stressors as lasting longer and as being qualitatively different than if they were exposed to that stress or transition at a different moment in their lives (McCormick, Mathews, Thomas, & Waters, 2010).

Alongside theories regarding genetic shifts in adolescence, there are a number of differing models and perspectives that connect various transitions and life stressors to the susceptibility for the development of psychopathology and mental health concerns (Graber & Brooks-Gunn, 1996; Rutter, 2007). Transitions in the intensity and depth of platonic and romantic relationships can have beneficial effects, when they are successful, to the self-esteem and self-worth of the adolescent. Conversely, when those relationships result in rejection, the experiences of that rejection may feel more intense and painful during this period of time (Rutter, 2007).

Another aspect of transitions and life events that occur in adolescence to consider is the idea of cumulative versus simultaneous life events and their impact. Cumulative life events or transitions would be considered as having multiple situations occur for the adolescent at time, while simultaneous transitions are considered to have occurred in quick succession, typically within a six to 12 month period (Graber & Brooks-Gunn, 1996). Some transitions (cumulative or simultaneous) may be expected, and the adolescent may be able to navigate those experiences with little to no negative repercussions. The problem occurs when the adolescent is not adequately prepared, or if s/he is not able to withstand the impact of the transitions and thus is no longer able to cope.

There was evidence to show that adolescents tended to experience more positive and negative life events in early adolescence as compared to late adolescence, with a peak in the number of events occurring around age 14 (Ge, Lorenz, Conger, Elder, & Simons, 1994). This increase in life events or transitions was predictive of increases in depressive symptoms. For example, an increase in the number of negative peer events as well as life events for females between the ages of 12 and 15 predicted depressive affect (Brooks-Gunn, 1991). While this research explores the impact of multiple life events on the adolescent, it is not without limitations. This study did not explore the impact of cumulative life events on males, and the author did not specify the racial or ethnic demographics of the adolescents described. As various periods of transition may increase vulnerability for the individual and affect how that stress is experienced (Graber & Brooks-Gunn, 1996), further exploration into the impacts of those transitions or events that occur during adolescence for racial and ethnic minority groups, as well as for males, was needed.

Similar to the concept of cumulative or simultaneous transitions, recurrent and transient experiences may also have an effect on the mental health of adolescents. Graber and Brooks-Gunn (1996) discussed the impact that transient transitions may have as compared to recurrent events. They noted that chronic experiences may have a different effect on global psychopathology as compared to single or transient experiences. This can have several implications, particularly with regard to the trajectory of psychopathology and mental health concerns that these experiences may have on the adolescent.

As described above, there are number of transitions and experiences throughout adolescence that can have both positive and negative effects on the individual. As an

individual goes through the developmental process, they are faced with challenges in how they relate to others and how they relate to themselves. They must learn how to develop meaningful interpersonal relationships or risk (perceived or actual) social isolation, and face the potential effects (Laursen & Hartl, 2013). They must also work through developing a unique sense of self, gain independence, and at the same time learn how to balance the self with the other (Lenz, 2001). In addition to those experiences, they must learn how to cope with a myriad of both positive and negative transitions that may be common to adolescent experience, as well as those that would be considered atypical (Graber & Brooks-Gunn, 1996; Schulenberg et al., 1997).

Racial Identity

Exploring the concept of identity and personality development has been an aspect of psychology for over 100 years. Key figures in psychology such as Freud (1949), Erikson (1968), Piaget (1962) and Maslow (1943) have all considered different aspects of how we develop and grow as people. While all of the aforementioned figures looked at different aspects of development (psychosexual, psychosocial, cognitive, and motivational), racial identity development was not represented in the literature until the 1970s (Cross, 1971). Since then, racial identity models have developed and changed over the years, and continue to be utilized and explored in psychology today.

Racial Identity Development Models

Racial identity had been explored and defined in many ways over the years. The construct was typically understood as the ways in which an individual identifies with one's racial group, taking into consideration societal oppression and hierarchies (Helms, et al., 2005). As different groups of people experience the world in different ways, racial

identity development models help us to understand how an individual comes to see themselves as they do in the context of the world in which they grow and develop. The initial purpose of racial identity development models was to help to provide context and understanding of marginalized racial groups (Harvey, Blue, & Tennial, 2012) outside of the context of how the majority culture had understood these groups.

Racial identity theories, and models in particular, began to emerge in the literature in the early 1970s with the development of Cross's Nigrescence Model (NT-O), a model specifically focused on the experience of Blacks in American society. This model has been instrumental in the development of other models (Baldwin, 1984; Constantine, Richardson, Benjamin, & Wilson, 1998; Helms, 1995; Sabnani, Ponterotto, & Borodovsky, 1991), and its revised and expanded versions are widely used. The Nigrescence model is based on stage theory, which indicates that an individual develops and changes with direction (Valsiner & Connolly, 2002). The model was developed particularly in response to how Black individuals come to experience racial awareness.

In Cross's (1971) original model, the individual moves through a series of five different stages. The individual begins by the identity development process by first believing that Blacks are essentially inferior to Whites, internalizing White, Eurocentric values at the expense of Black cultural beliefs. The second stage is characterized by the individual taking steps toward pro-Black ways of thinking, a process which is often driven by some external experience. The third stage is characterized by another step toward Black culture, with total engagement in the Black experience and an increase in negative sentiments about Whites and Eurocentric values. Involvement with Black organizations and holding anti-White attitudes tend to be explicit aspects of this stage and

driving forces for entrance into this stage. The fourth stage is defined by a positive and individually relevant view of Blackness and one's racial identity. The final stage is characterized by the individual behaving in ways that continually challenge the status quo, working proactively to eliminate oppression. Throughout the model we can see a clear shift from negative and degrading thoughts about the self and one's Black identity in the first stage, to the individual completing development by ending in a place where they hold positive, internalized feeling about their Blackness. It is evident that over-identification and idealizing of White culture was thought to be psychologically unhealthy (Helms, 1990), and a psychologically healthy Black person held their racial reference group in high, positive regard. Since the initial development of the Nigrescence model, it has been revised and expanded (Cross, 1991; Cross & Vandiver, 2001).

While Cross's Nigrescence model focuses more heavily on the cognitive and behavioral processes associated with healthy identity development, other theories have focused on qualitative experiences of being Black; instead considering history, culture, current place in America, and individual differences. Constantine et al. (1998) has referred to these two different groups as mainstream and underground. Mainstream approaches such as Cross's focus much more on the affective, cognitive, and behavioral processes necessary for healthy identity development. Underground approaches differ from mainstream approaches in that they posit the inclusion of positive aspects about being Black, and how that can lead to healthy identity. For underground approaches, there is not a need to have initially internalized negative self-concept before integrating a healthy racial identity.

Baldwin (1984) developed a racial identity model that Constantine et al. (1998) would consider to be an underground approach. Baldwin's theory consists of two components: (a) African self-extension-orientation, and (b) African self-consciousness. Baldwin's theory symbolizes the Black personality system which consists of an inherently unconscious and psychological way of being. This system helps give context to the behavioral and psychological functioning of Black Americans in a way that provides clarity, stability and a sense of spirituality to the Black experience. The second component, African self-consciousness, is essentially the expression of the first component, and has four basic characteristics.

The first characteristic of this self-consciousness begins with recognizing one's racial identity and heritage and seeing the inherent value in continual self-exploration and knowledge. The second characteristic was defined by the idea that the individual's first priority should be racial survival and continual, proactive self-development (Baldwin, 1984). The third characteristic considered the way in which the Black individual respects, extends, and disseminates all things associated with their African/Black heritage; the final characteristic was focused on the individual's ability to recognize how terrible and harmful oppression is to Black survival, and actively took step to combat the oppression to maintain Black culture. The goal of this model is for those two components to work and operate in tandem as one, as that integration will provide reconnection with African heritage and culture (Baldwin, 1984). One major way this particular theory was different from the Cross's stage theory listed above was that it clearly emphasized how important it was for Black and African Americans to ensure that Black erasure didn't occur within the Black community (Constantine et al., 1998).

While the theories listed above give clear examples of differing ways to approach racial identity development, they very clearly are based only on the experiences of Black individuals. Helms (1990, 1995) developed a number of differing racial identity models that go beyond stage theory approaches as well as beyond the experiences of just one racial group. Her People of Color racial identity theory, for example, describes the personal characteristics that emerge in marginalized individuals as they develop in a racially oppressive society. Initially developed to describe the White experience, the model was expanded to include all marginalized racial groups. Helms's model has six statuses, rather than stages. Contact, the first status, is defined by a minimization of race and racial issues. The second status is defined by the concept of being confused or anxious about racial concerns, and is labeled dissonance. Immersion is the third status, which is characterized by a hypersensitivity to problems surrounding race. The fourth status, emersion, is defined by feelings of pride and belongingness to the individual's racial group. Internalization is concerned with an informed objectivity about the concept of race generally, while the last status is considered Integrated Awareness and is characterized by a flexible and complex ability to think about race and racial concerns.

Racial Identity Development in Adolescence

The models above assumed that racial and ethnic identity was a normal concept to explore and consider in adolescence, and that these identities are part of the developmental process that begins to accelerate as individuals transition into middle school continuing to occur during their transition to high school (Quintana, 2007). It was important to note, however, that racial identity exploration also tended to be a subtle and gradual process. Seaton et al. (2006) explored how the individual navigates racial identity

development, and found that regardless of the Phinney (1992) stage the adolescent was in, group differences regarding the level of identity exploration were not significant. This indicates that there may not always be a racial identity crisis in adolescence as had been previously thought. The idea that adolescents experience “storm and stress” may be indicative of ego development models that assumed adolescents go through a period of distress, a concept that is no longer considered a normal part of the adolescent experience (Quintana, 2007). Quintana (2007) stated that this conceptualization may be held by racial identity theorists who work closely with adolescents in mental health settings, which may bias and inflate the idea that identity crisis is a part of the typical adolescent experience. It was worth keeping this concept in mind, as the connection between mental health concerns and racial identity crises was further explored below.

An aspect of the racial identity development process many of the models describe above included an aspect of identification with and acceptance of one’s racial identity. Historically, research showed that Black children in particular may have struggled to hold their racial identity in high regard. This was first demonstrated by Clark and Clark’s (1940) seminal work around doll preferences, which showed that Black children tended to choose dolls that appeared White over dolls that appeared Black. While the aforementioned study has been replicated, Oyserman, Coon, and Kemmelmeier’s (2002) meta-analysis found that Latinx and Asian American children had the lowest levels of individuation, followed by White children, and ending with Black children having the highest levels of individuation. Adolescents who were able to come to a place in their racial identity development where they focus on and hold positive views of their racial groups tend to be more positively adjusted (Quintana, 2007). This positive adjustment has

been positively correlated with Grade Point Average, self-esteem later in life. It also can serve as a buffer against daily, nonracial forms of stress (Quintana, 2007). Additionally, the achievement of an integrated ethnic or racial identity among adolescents is associated with well-being and low levels of depression (Mandara et al., 2009; Yasui et al., 2004).

Both Helms's (1995) and Cross's (1971) models cited that racial identity exploration is often incited by encounters that essentially trigger the individual to begin to look at their own identity. Typically, these experiences had been largely negative and cause one to consider the role of racism and its impact on the life of their life. Regardless of whether the encounter was a single racist experience or the accumulation of multiple experiences, the individual was in some ways forced to shift their perspectives about race and racial fairness (Quintana, 2007). Longitudinal research supported this theoretical notion, showing the connection of increase in racial identity exploration as being triggered by experiences of discrimination (Pahl & Way, 2006; Sellers & Shelton, 2003). This theory was found to exist regardless of whether the racial identity model had constructs about discrimination (such as the Helms models). These findings suggested that adolescent racial identity development was largely influenced by experiencing discrimination (Quintana, 2007).

Additionally, there had been research to show that while racial pride and the development toward an integrated racial identity was associated with positive outcomes, this identification also had negative consequences. Adolescents who have a strong connection to their racial identity had been found to be more strongly affected by discriminatory experiences as compared to adolescents with a less centralized racial identity (Greene, Way, & Pahl, 2006; Rivas-Drake, Hughes, & Way, 2008). More

specifically, adolescents who reached Affirmation and Achievement stages in their racial identity were more vulnerable to the negative effects of discrimination, and Latinx, Asian, and Black adolescents with lower levels of ethnic affirmation tended to have higher self-esteem. Seaton, Neblett, Upton, Hammond, and Sellers (2011) also found that racial identity was not a buffer against the impact of racial discrimination experiences on the psychological well-being of Black adolescents age 12 to 17. More specifically, they found that despite one's connection to their racial identity, various types of racial discrimination and the frequency of those discriminatory experiences did not mediate their impact on various factors associated with psychological well-being such as self-acceptance, autonomy, and personal growth.

Racial minority development is complex, and children and adolescents of color have a more difficult time than their White counterparts in developing and maintaining positive perspectives about their racial identity (Elmore et al., 2012). This is particularly mediated by the fact that the cultural ideals of racial minority groups are often devalued by greater society, which sends the message that they are to be considered different or lesser than White people and White culture (Quintana & Smith, 2012). For minority adolescents to develop into healthy functioning adults, it is important for them to develop a strong sense of racial identity, especially in light of the race-related stress events they will continue to experience throughout their lives (Phinney & Kohatsu, 1997). Depending on the place that the adolescent is at in regard to their perspectives and views about their identity, the adolescent may be at an increased risk for various experiences that may negatively impact their mental health.

Race-Related Stress in Adolescence (Oppression)

As racial minority adolescents make their way through life, they are likely to have various experiences that will impact their sense of self. As noted above, racial identity exploration can have various impacts on the well-being of the adolescent. In addition, various race-related stressors have also been shown to impact the adolescent (Jones et al., 2007). Exposure to situations and environments where they experience race-related stressors in which they are discriminated against based on their race will inevitably have an impact on them. Spencer (2005) noted that these experiences can have negative consequences for their self-perceptions, self-concept, self-esteem, and their general mental health.

Race-related stress is described as race-based interactions between different groups or individuals that result from the dynamics of racism (Harrell, 2000). Experiences such as microaggressions or microstressors tend to deplete the individual of their resources, and over time can negatively impact their well-being and mental health. There is a significant amount of research to support the negative impacts of race-related stress on the psychological well-being of racial minorities (Jones et al., 2007; Hay & Meldrum, 2010; Rivas-Drake et al., 2014; Seaton et al., 2011).

Bucchianeri et al., (2014) integrated a number of factors, including the relationship between various forms of harassment and their influence on psychological symptomatology among adolescents. Their racially diverse sample consisted of Asian American, African American, Native American, Hispanic, mixed race, and White adolescents from middle school through high school, with a mean age of 14.4 years. The authors found that race-based harassment was associated with greater substance use

among the adolescents, in particular cigarette, alcohol, and marijuana use for males as well as cigarette use among females. Race-based harassment was also found to be significantly associated with depressive symptoms. These findings provide evidence for the detrimental effects that race-related stress and harassment can have on adolescents. The shortcoming of this study, however, was that they failed to report how different racial groups experienced harassment, so we were unable to gain any further information about differential experiences of race-based harassment. Further, the authors did not look at other correlates of mental health outcomes, such as non-suicidal self-injury (NSSI).

Non-Suicidal Self-Injury

How NSSI has been labeled, defined, and studied has changed over the years. In the 1960s and 1970s these behaviors were under consideration as distinct mental health disorders (Graff & Mallin, 1967; Morgan, Burn-Cox, Pocock, & Pottle, 1975). Lacey and Evans (1986) wrote about a collection of what they considered impulsive behaviors and disorders (alcoholism, substance abuse, Bulimia, and self-cutting) that seemed to have comorbid presentations. Because of this crossover between self-cutting and other problematic behaviors, they proposed a “multi-impulsive disorder” for the Diagnostic and Statistical Manual of Mental Disorders (DSM). Favazza (1989, 1992, 1998) wrote many papers in the late 1980s and 1990s building on the work of previous researchers. He eventually moved away from considering NSSI as a part of a “co-morbid” disorder and shifted his focus to deeming NSSI a distinct syndrome, which he labeled repetitive self-mutilation.

The definition of NSSI shifted as it was differentiated from behaviors with suicidal intent (Andover, Morris, Wren, & Bruzzese, 2012; Claes et al., 2014; Lay-

Gindhu & Schonert-Reichl, 2005; Muehlenkamp & Gutierrez, 2004), and there are a number of agreed-upon characteristics of NSSI that will be referred to in this study. As noted in the previous chapter, for the purposes of this study NSSI is defined as intentional self-inflicted acts that are outside of socially-accepted behaviors, cause bodily harm, and are without suicidal intent (Claes et al., 2014; Laye-Gindhu & Schonert-Reichl, 2005). These types of behaviors can vary, with the most common form of NSSI being skin cutting, or using sharp objects such as razors or knives to cut oneself, typically on the wrists, arms, or legs (Abrams & Gordon, 2003; Briere & Gil, 1998; Laye-Gindhu & Schonert-Reichl, 2005; Muehlenkamp & Gutierrez, 2004). Other forms of NSSI can include scratching, burning, hair-pulling, snapping a rubber-band on ones wrist, self-hitting or punching, as well as more dangerous behaviors like bone-breaking (Gratz et al., 2012; Muehlenkamp & Gutierrez, 2004).

Non-Suicidal Self-Injury Versus Suicidal Behaviors

The distinction between NSSI and suicidal behaviors or attempts has often been hard to parse out in the literature, as there is no standardized language for what constitutes the differences between NSSI and other forms of self-harm. For example, deliberate self-harm (DSH) is another term often used in research that has described non-fatal, purposeful self-harm or self-injurious behaviors, regardless of suicidal intent. As Andover et al. (2012) reported, DSH was often used interchangeably with NSSI. For this reason, it was important for this author to clearly define NSSI and to clearly distinguish it from suicidal behaviors and attempts for the purposes of this study.

NSSI consists of a large variety of behaviors. As noted in Chapter 1, Favazza (1992) distinguished between different types and severity levels of NSSI. Major self-

mutilation was described as fairly rare in prevalence, consisting of behaviors such as castration or eye enucleation (removing of one's eyeball), and was reported as being primarily associated with psychotic states or acute intoxicated states. The next level down in severity was what Favazza labeled stereotypic self-mutilation, which consisted of repetitive behaviors that tended to occur in a somewhat fixed pattern, such as head banging. These types of behaviors were associated with developmental delays. The final type of NSSI was the most prevalent and the type referred to throughout this study, which was then categorized as superficial or moderate self-mutilation. This type of NSSI consisted of behaviors such as skin-cutting, extensive scratching, self-punching, burning, or interfering with the healing process of a wound. NSSI behaviors were associated with a number of mental health concerns, including numerous personality disorders (i.e. Borderline Personality Disorder, Antisocial Personality Disorder) Anorexia Nervosa, Bulimia Nervosa, Dissociative Identity Disorder, and Post-Traumatic Stress Disorder (PTSD).

NSSI differs from suicide attempts in a number of ways. One of the major differences between the two has to do with suicidal intent—NSSI is defined by the absence of this (Andover et al., 2012). Suicidal behaviors or attempts are characterized by the user intentionally doing something to their body with the intention of dying. A person who attempts suicide typically has thoughts about dying, while NSSI is most often associated with thoughts about alleviating stress (Andover et al., 2012). Another important distinction between NSSI and suicidal behavior has to do with the frequency of the behaviors. Suicide attempts or suicidal behaviors tend to be single-episode events that

do not occur regularly, while NSSI tends to occur chronically and often (Andover et al., 2012).

Another distinguishing characteristic between NSSI and suicidal behaviors that Favazza (1992) described is with regard to the lethality of NSSI vs. suicidal behaviors. He notes that while behaviors such as skin cutting, burning oneself, extensive scratching, hitting oneself, and interfering with a wound healing, while are a “direct assault” (pp. 61) on one’s body, these behaviors tend to have a lower potential for lethality.

Prevalence Rates and Rationale

Prevalence rates regarding the use of NSSI have varied greatly. Briere and Gil (1998) found it to occur in about 4% of the non-clinical general population, while Gratz et al. (2012) found that among adolescents in middle school and high school, NSSI engagement was as high as 39%. There are a number of factors that impact this broad range of prevalence rates, including methodological and conceptual differences across studies (Hay & Meldrum, 2010). Among adolescents aged 12 to 18, the most widely-reported prevalence rates tend to be somewhere between 18% and 26.5% (Claes et al., 2014; Hay & Meldrum, 2010; Lereya et al., 2013).

Literature regarding whether NSSI use among adolescents was on the rise tended to be mixed. Muehlenkamp and her colleagues have contributed research around NSSI prevalence rates over the last few years. Initially they found NSSI engagement to be on the rise (Muehlenkamp & Gutierrez, 2004) among adolescents. A few years later, the findings shifted to where prevalence rates tended to stabilize (Muehlenkamp et al., 2009). Additionally, the authors found that while these rates fluctuated from 2001 to 2006, the changes in prevalence rates were statistically insignificant (Muehlenkamp et al., 2012).

Typically, individuals only engage in one type of NSSI behavior, though Muehlenkamp and Gutierrez (2004) found that about 22.7% of their overall sample engaged in multiple NSSI behaviors, a finding also supported by other research (Walsh & Rosen, 1988). The age of onset for NSSI use has also been explored. Research has shown that individuals first engage in NSSI as early as three to five years of age (Claes et al., 2014; Muehlenkamp & Gutierrez, 2004). Typically, NSSI use begins between the ages of 13 and 15 (Moran et al., 2012; Muehlenkamp & Gutierrez, 2004; Ougrin et al., 2012).

Evidence regarding gender differences for NSSI use was inconclusive. Some research showed that females engage in NSSI at significantly higher rates than do males (Guerreiro et al., 2014; Favazza & Conterio, 1989; Kaminski et al., 2010; Laye-Gindhu & Schonert-Reichl, 2005). Muehlenkamp and Gutierrez (2004), on the other hand, found no significant gender differences for NSSI use among their adolescent sample. However, they did note that there were slightly more males in their NSSI group than females, and acknowledged that this finding is discrepant from previous research. The authors posit that these differences may be due to their broad inclusion criteria regarding NSSI behaviors as compared to previous studies. In addition to the Muehlenkamp and Gutierrez (2004) study, others have found no significant differences in the rates of NSSI use between males and females (Claes et al., 2014; Gratz et al., 2012; Watanabe et al., 2012). Earlier research regarding NSSI use tended to find engagement rates that were higher among females than among males, while newer research using more generalized samples found no significant differences. As discussed by Muehlenkamp and Gutierrez (2004) above, sampling strategies as well as different inclusion criteria may be the reason

for these differences, as well as the possibility that males may be engaging in NSSI at higher rates (Hawton et al., 2003).

Race and Non-Suicidal Self-Injury

Literature regarding NSSI engagement and racial identity was varied. Much of the research published on NSSI use among adolescents (a) had been primarily focused on White individuals, or (b) tended to neglect discussing ethnic and racial differences (Muehlenkamp & Gutierrez, 2004). More recently, however, the literature concerning NSSI engagement and race is beginning to emerge.

Muehlenkamp and Gutierrez (2004) explored a number of factors associated with NSSI use, including ethnic differences. They found that White adolescents were significantly more likely to engage in NSSI as compared to racial minority adolescents. They did note, however, that they had a small representation of differing minority groups in their sample, which may have skewed their results. Sansone et al. (2012) found similar results among adult women, noting that White women had significantly higher rates of NSSI use as compared to Black women. When trying to understand the difference in these findings, the authors cited a number of potential reasons. First, they noted that Black women may be less forthcoming with discussing their experiences with NSSI behavior, a consideration that is evidenced by researching supporting the notion that Black individuals are less likely to seek out and engage in mental health treatment. Another reason Sansone et al. (2012) cited is the potential for cultural differences regarding expression of emotion, stating that overtly expressing self-harm behaviors may not be socially acceptable within Black cultures.

Alternatively, there was research to show that racial minorities may be engaging in NSSI at higher rates than was previously described. For example, Kaminski et al. (2010) found that Black youth aged 12 to 18 were less likely than White, Hispanic and Other racial minority youth to report engaging in NSSI behaviors. The authors also found that Hispanic, White, and racial minority youth that identified as Other than Black or Hispanic were equally as likely to report engaging in NSSI behaviors. When examining NSSI use among emerging adults, Chesin et al. (2013) found that in their sample of racially diverse, primarily female college-aged students that prevalence rates for NSSI use were significantly higher for White and Asian students than for Black and Hispanic students. More specifically, the rates of engagement for Asian students and White students were 21.4% and 21.7% respectively, while the engagement rates for Black and Hispanic students were 9.2% and 10.4% respectively. And finally, Gratz et al. (2012) found that Black students in middle school reported higher rates of NSSI use than White students, while White students reported higher rates than Black students in high school. The authors also found that Black males reported greater NSSI engagement than any other youth groups (White females, White males, and Black females). The aforementioned studies illustrate that while it was previously thought that NSSI use was an issue for primarily White females, this supposition may no longer be the case. For this reason, it was imperative that we build on existing literature to explore how NSSI may affect other racial groups.

Also importantly, Hay and Meldrum (2010) found that bullying and victimization was significantly and positively associated with NSSI engagement. Their sample consisted of primarily White middle and high school students aged 10 to 21, with the

average age being 15. Among this group, they found that Black students, Hispanic students and females had higher rates of NSSI use than White students and males. The results supported the concept that harassment and victimization from peers could influence self-directed aggression (Hay & Meldrum, 2010).

Race, Adolescence, and Non-Suicidal Self-Injury Engagement

While limited, there was some research that explores the connections between racial identity development among adolescents, and NSSI use. Bucchianeri et al. (2014) examined the relationship between various types of harassment, unhealthy coping behaviors and psychological symptoms among adolescents in middle and high school. Beyond the findings that were listed above regarding harassment and race, the authors also found that race-based harassment was directly associated with NSSI behaviors in both males and females. This finding built on the previously mentioned research, reinforcing the negative outcomes that may occur for racial minority adolescents when faced race-related stress experiences. Their findings also provided a possible direction for future research, as further exploration regarding racial identity and not just association to a racial group was a natural and crucial next step.

Abrams and Gordon (2003) conducted a qualitative study that very nearly takes filled that gap. The purpose of their study was to explore and provide a more developed understanding of NSSI among adolescent females. Rather than looking at racial identity, however, the authors explored differences between connections to urban versus suburban social worlds. Because their sample size was six adolescent females, they explicitly stated that their intent was not to focus on racial, ethnic, or cultural differences. Inadvertently, the six adolescent females happened to be split based on racial identity, with the three

suburban participants being White, and the three urban participants being Black or Latina. The authors described the two groups' various rationales for engaging in NSSI, and found differences among the groups. The suburban adolescents often discussed using NSSI when they felt sadness or despair, while the racially diverse urban adolescents tended to engage in NSSI as a way to release anger and frustration that they felt toward others. Abrams and Gordon's (2003) study provides some early evidence to show that racial groups may apply different meanings to their use of NSSI.

Gaps in the Literature

The research presented above examined various aspects of adolescent identity, racial identity, and NSSI engagement. Some of the research explored differences in NSSI use amongst racial groups during adolescence (Bucchianeri et al., 2014; Hay & Meldrum, 2010; Muehlenkamp & Gutierrez, 2004). It was obvious, however, that there was a dearth in the literature regarding the combination of these three factors with the particular consideration of racial identity development and the impact that this intersection may have had on the individual.

The qualitative experiences of adolescents who engage in NSSI had sparing representation in the literature (Abrams & Gordon, 2003; Hill & Dallos, 2012). Hill and Dallos (2012) presented the narratives of six adolescents who had recently engaged in NSSI from various genders, though they failed to mention the racial identity of their participants. Beyond Abrams and Gordon's (2003) study exploring the stories of six adolescent girls who have engaged in NSSI, there was little to no qualitative literature exploring the experiences that racial minorities have with NSSI. This was problematic for many reasons. These groups were not fairly represented in literature and we may not have

had a true or realistic picture of what NSSI use looked like for racial minorities. Without more research, the treatment approaches regarding NSSI use among these groups were limited. To be culturally competent counseling psychologists, it is imperative that we have culturally-sensitive research to support the ways we work with and support racial minority adolescents struggling with NSSI. The aim of the present research was to describe the relationship between racial identity and NSSI use among racial minority adolescents.

Summary

In this chapter, I explored developmental models that describe how adolescents progress, noting the shift from “storm and stress” as being typical of adolescent development to “storm and stress” as instead being atypical. I also discussed the various aspects of adolescent development, including transitions representative of the interpersonal domain as well as the intrapersonal domain. Finally, while describing adolescent development, I considered the various mental health risks that may occur during adolescence, particularly the type of development that does not occur in an adaptive adjusted way.

I reviewed racial identity development, outlining influential models that informed how we think of racial and ethnic identity development. Possible consequences of belonging to a racial minority group were illustrated, along with their connections to health identity development. These concerns were addressed with a focus on adolescence. I described NSSI; how to differentiate it from suicide, and its various characteristics. I outlined research regarding NSSI prevalence rates among adolescents of different genders and racial identities. I then described literature exploring the connections

between adolescence, race, and NSSI, noting gaps in the literature. Finally, I discussed explicit gaps in the literature, such as the lack of research regarding the combination of the constructs of NSSI, racial identity, and adolescence. It is noted that to be considered culturally competent counseling psychologists we must have culturally-sensitive research to support the interventions we use with clients. The present study addressed some of the present gaps by exploring the combination of the aforementioned constructs and adding culturally-sensitive research to the field.

CHAPTER III

METHODOLOGY

The purpose of this phenomenological qualitative study was to explore how racial minority adolescents and young adults experienced non-suicidal self-injury (NSSI) in relation to their racial identities. The following research questions were used to guide this study:

- Q 1 How do people of color express their use of NSSI? Particularly, is there a language to how they talk about NSSI?
- Q 2 How do the perspectives that people of color have on their racial identity influence their views on and use of NSSI?
- Q 3 What reasons do people of color express for engaging in NSSI?
- Q 4 How do the experiences people of color have in the greater society regarding their racial identity impact their use of and views on NSSI?

Epistemology

Constructionism was the epistemology, or theory of knowledge (Crotty, 1998) that I used for this study. This theory posited that meaning is constructed, and that different people construct meaning in different ways. This knowledge hinged upon the experiences that we as humans have when interacting with one another and with the world around us. This knowledge and the meanings that we ascribe to it were developed and disseminated in the social world (Crotty, 1998). The person and the object of interest interact, were both important elements in the construction of what was trying to be understood (Crotty, 1998). The basic assumptions of constructionism are (a) that there is

not a single truth, and (b) that reality is constructed by those who experience it as they interact with their social worlds (Merriam & Tisdell, 2015). Because people construct meaning based on how they interact with their social worlds, different people may construct different meanings to similar experiences in different ways (Crotty, 1998). Objects and experiences have no inherent meaning. For those objects or experiences to have a meaning or purpose, people must interact with them. For constructionism, meaning making occurs in social relationships, both between and among people (Raskin, 2011).

Theoretical Framework

I conducted this study from a social constructionist theoretical perspective (Crotty, 1998). This philosophical stance helped to inform my phenomenological methodology, provided a context for and inform the way in which I constructed the various aspects of this study. This theoretical perspective overlaps significantly with the constructionist epistemology that I employed. One of the basic assumptions of social constructionism is that, unlike objectivism, there is no single truth (Crotty, 1998). Knowledge and meaning are continually constructed as individuals interact with and interpret the social world in which they live. Similar to the epistemological definition of constructionism, nothing has meaning or can be adequately described without being considered in the context of the human experience (Crotty, 1998).

An important aspect of the meaning-making process is the role that social interactions and culture have in shaping the way in which we as humans interact with objects in our world. Culture can be “seen as the source rather than the result of human thought and behaviour [and emotion]” (Crotty, 1998, p. 53). Therefore, it was imperative

that when conducting research from this lens, that I as the researcher accurately captured the meaning that the participants form through the interaction between their personal worlds and the phenomenon, and took into consideration the role that society and culture play in shaping that interaction.

Methodology

I intended to use a phenomenological approach to guide this study's methodology. Phenomenology was a particularly fitting methodology as the focus of this paradigm is to describe the lived experiences of individuals (Creswell, 2013) and to gain a more in-depth understanding of a shared phenomenon. The goal that drove this study was to both describe and construct a better picture of how racial minority adolescents understand their experiences of NSSI. The essence of the participants' experiences were explored; the meanings associated with NSSI were then broken down into essential themes.

There are a number of phenomenological approaches available to guide such research, and this researcher used Moustakas's (1994) transcendental or psychological phenomenological approach. Phenomenological approaches are concerned with understanding the lived experiences of particular phenomena. These experiences are in some ways both subjective and objective—people make their own meanings based on their personal, individualized experiences, yet there are common, shared, and in some ways, objective connections to that experience among people.

An important aspect of the phenomenological approach is epoche, or for the researcher to “bracket” themselves out of the study (Creswell, 2013). A more appropriate form of this approach that was used in the study is referred to as bridling (Dahlberg, 2006). Bridling is similar to more well-known concept of bracketing in that it is a way for

researchers to take the necessary steps and precautions to acknowledge the impact that personal biases and reactions can have. Both perspectives emphasize researcher openness, or the ability to shift and change along with the emerging data (Vagle, Hughes, & Durbin, 2009). The difference between the two methods, and the rationale behind using bridling for this study, was that bridling more explicitly recognized the biases that we all hold, and posited that researcher reflexivity can help us to gain distance from the phenomenon rather than attempt to provide an unbiased and objective stance. As a researcher, I could not completely take my influence out of the study; that would be unrealistic given the level of involvement I had throughout the research process. Bridling allowed the reader to be privy to my personal experiences both with the phenomenon and with the study. It also allowed me to step away from my biases, focusing more on the experiences of my participants, and “actively wait” for the meanings within the phenomenon to show themselves (Dahlberg, 2006).

Researcher Stance

We must acknowledge that all research is value-laden. For this reason, it was important to be explicit about the biases and values that we as researchers hold (Creswell, 2007). It was also important to discuss what experiences I as the researcher had with the phenomenon in question, after all I was the instrument of data collection, and the experiences I carry with me affected the ways in which I organized, analyzed, and made sense of the data. My experiences both informed this process and served as a source of bias in it. It was important that I acknowledged these lenses, and through the nature of phenomenology, attempted to bridle those experiences.

Bridling was an important aspect of the phenomenological methodology and was done so that I could distance myself from my personal experiences and connect more intentionally with the data (Dahlberg, 2006). More specifically, as I used a transcendental approach, utilizing this method allowed me to actively wait for the emerging meanings and ideas that came out of careful consideration with the phenomenon (Vagle et al., 2009). This was not to say that I removed myself completely from the study, or that I even could have. Rather, I acknowledged the threads I held to the phenomenon and “slacken[ed]” (Vagle et al., 2009, p. 351) those ties so that I could see the phenomenon differently.

Before going into why I felt compelled to do this research, it felt important for me to provide my history with the different constructs of my study. First and foremost, I am a 30-year-old Black female. I grew up in a suburb of fairly large metropolitan area in the United States (U.S.) and was influenced by people of many different walks of life throughout my childhood. There were people of differing ethnic backgrounds, socio-economic statuses, religious affiliations, and political beliefs. However, the racial makeup of the schools and classes that I attended were primarily White. I was keenly aware of my race and can recall experiences in early childhood where I was ridiculed and even ostracized because of it. These experiences, and many others, caused me to often question what it meant for me to be Black. Reflecting on my own racial identity development, I recognize that there were numerous times when I wished that I was not Black and rejected Black culture. At other times, I had almost the opposite reaction trying to embody all of Black culture while and vehemently rejecting White culture. Other times I felt somewhere in-between. I felt differently about myself and others throughout that

process, and when in the “seasons of my life” when I rejected my Black identity, I greatly struggled emotionally. I came to a place with my Black identity of understanding what it meant for me personally, and how in some ways my personal understanding of what it meant to be Black was both similar to and different from others. I had also grown to be proud of my Blackness and recognized that despite the struggles inherent in being Black, I wouldn’t choose to be anything else.

As an adolescent I saw my peers struggling to cope with the differing trials and tribulations that happen during adolescence, and noticed that NSSI, and more specifically cutting, helped alleviate some of the anger, sadness, and feelings of worthlessness that ran rampant in the lives of my friends. When talking with some close friends from various racial backgrounds, they stated that cutting in particular somehow helped them to cope with all of those emotional experiences, and so many more. When reflecting back on those conversations and the pain my friends went through, research showing that people often use NSSI as a way to prevent suicide (Breen et al., 2013) resonated with me as NSSI helped them to make it through some incredibly difficult experiences without going so far as to attempt suicide. As a researcher and a professional I recognized that this topic is incredibly vulnerable, personal, and often hard to talk about, and I remembered struggling with how to have those conversations with them. Even now, writing about this topic brought up difficult memories of those painful conversations. As a qualitative researcher I recognized just how important it was to name that I did have personal connections to this experience; by naming it I hoped to be better able to distill the essence of these experiences for others.

Later on throughout my education and my career path toward becoming a counseling psychologist I had been interested in working clinically with children and adolescents. An internship I had as an undergraduate student strengthened the idea that understanding the stressors and traumas that children and adolescents experience and how using that understanding could aid in preventing some of those stressors and traumas from manifesting into mental health disorders in adulthood. While in graduate school, I had opportunities to work with adolescents who have engaged in NSSI, and I witnessed firsthand the impact that the stressors specific to adolescence appeared to have had on their NSSI use. Working with those clients also helped me to see how addressing those stressors in a more informed way seemed to have helped to directly impact the reduction of their NSSI use. This led me to tailor my experiences both academically and clinically to focus on children and adolescents.

As I noted above, my aforementioned personal and professional experiences helped to guide my interest in this particular research topic. When exploring my research interests, I found myself continually drawn to wanting to know more about NSSI. Combining this pull to know more and reviewing the literature helped me to look for gaps in the research. I found that the spoken experiences of how teens experienced NSSI was absent. Looking further, I saw that the few experiences that were divulged were overwhelmingly from the mouths of Caucasian, adolescent females, despite research showing increasing rates of NSSI among racial minorities (Gratz et al., 2012; Kaminski et al., 2010). As I had been interested in how different groups of people experience this phenomenon differently, and how those differences based on race may impact that

experience, exploring NSSI in the context of racial identity felt both important and necessary.

As a Black woman who as an adolescent watched several of my friends with various racial identities engage in NSSI to cope with their emotional struggles, I personally saw the importance of not only eliciting the voices of other minority adolescents who had experiences with NSSI, but furthering research on those experiences. By doing so, this research hoped to help mental health professionals to develop a clearer understanding of how minority status and the conflicts specific to that identity development process may shape the way adolescents experience NSSI.

Research Methods

In this section I detailed the process and procedures I used to conduct this phenomenological research study. I outlined the methods to be used for participant selection, data collection, exploring my role in the process as a researcher, and how I planned to analyze the data.

Institutional Review Board

After receiving approval from my dissertation committee to conduct this proposed study, I submitted the appropriate paperwork to the University of Northern Colorado's Institutional Review Board (IRB) (Appendix A). Once the IRB approved my study, participant recruitment commenced.

Participants

Inclusion criteria. There were a number of criteria I used to make determinations for inclusion in my study. First, participants needed to have had personal experience with NSSI use. Secondly, the participants could not be actively suicidal at the time of the

interview, and must have gone six months without suicidal ideation and self-harm behaviors to be considered in this study. Given the sensitivity of the phenomenon being studied, to ensure that the individuals that participate have the “necessary ego strength” (Wertlieb, 2006, p. 34), and to reduce the risk of participation in this study, participants needed to meet the aforementioned criteria.

Third, I intended to interview individuals aged 15 to 24 of all genders who self-identify as a racial minority other than White (e.g., Black, Asian American, or Latinx). This age range was determined based on a number of factors. Literature has shown that the typical age of onset for NSSI behaviors is between 13 and 15 years of age (Favazza & Conterio, 1989; Moran et al., 2012; Muehlenkamp & Gutierrez, 2004). This age range was also selected based on IRB standards for adolescent participation in research. Given that Colorado Revised Statute § 27-65-103(2) states that adolescents aged 15 and above may consent themselves into mental health treatment, there was precedence to say that adolescents aged 15 and older may consent themselves to participate in research as well (Field & Behrman, 2004). Field and Behrman (2004) discussed the argument that if adolescents can consent to mental health-related treatment, they should also be able to consent to mental health-related research. In addition, under the Code of Federal Regulations 45 §46.116(d), informed consent could be waived if the IRB found that (a) the research involved no more than minimal risk to the participants, (b) waiving consent did not adversely impact the rights or wellbeing of the participants, (c) the research could not be practically carried out without the waiver, and (d) as appropriate, the participants were given important, additional information after their participation. Lastly, the decision to forego parental consent was also determined through direct consultation with

one UNC IRB board member (M. Lahnman, personal communication, September 7, 2016). Per M. Lahman's report, and based on research linking self-harm behaviors in adolescents to maladaptive parenting (Lereya et al., 2013), it might have been in the interest of participant's safety to forego parental consent in this study. This decision was also consistent with Code of Federal Regulations 45 §46.408(c), which states that if it was not reasonable to require parental consent, such as if performing research with neglected or abused children, than parental consent could be waived.

The age range was increased to 24 years of age after nine months of having difficulty recruiting participants. Age 24 was chosen to ensure saturation could be reached. Throughout recruitment, 49 individuals viewed the Qualtrics survey in all. Of those 49, 28 completed the informed consent quiz. Five of the 28 interested individuals did not qualify as they did not have experience with NSSI behaviors, an additional five did not qualify due to having engaged in NSSI behaviors within the last six months, and two did not qualify due to experiencing suicidal thoughts at the time they completed the Qualtrics survey. The remaining 16 were contacted via the e-mail addresses they provided; of those 16, eight continued to completion of the study. Below is a table outlining the demographic breakdown of these eight participants:

Table 1. Demographic Description of Participants ($n = 8$)

Pseudonym	Age	Racial and/or Ethnic Identity	Sexual Orientation	Gender Identity	Nationality
Alex	20	African American	Gay	Cisgender Woman	American
Ann	19	African American and Biracial	Did not disclose	Cisgender Woman	American
Bri	22	Vietnamese, Native American and Jewish	Pansexual	Cisgender Woman	American
Joey	22	African/Ugandan	Straight	Cisgender Woman	Ugandan
Luis	24	Hispanic	Heterosexual	Cisgender Man	American
Riley	22	Chinese American	Asexual/Questioning	Cisgender Woman	American
Yvette	18	Latinx	Bisexual	Gender Fluid Person	American
Zainab	24	Iranian-American/Persian and Biracial	Pansexual	Cisgender Woman	American

Sampling method and recruitment procedures. I used a purposeful sampling strategy (Creswell, 2007) to recruit participants for this study. More specifically, the particular purposeful sampling strategy employed was criterion sampling, as all of the participants were chosen based on their ability to fulfill the necessary inclusion criteria detailed above. I intended to gain access to the population sample through online forums and blogs where NSSI was discussed.

First, I reviewed websites, discussion forums and blogs where individuals wrote about their experiences with NSSI. Administrators for websites such as www.self-injury.net and www.self-harmconfessions.tumblr.com had already been contacted, and had expressed interest in providing this researcher with the opportunity to access participants through their sites. Documentation of said contact and initial approval from

these website administrators were provided in Appendix B. This particular method was frequently used when trying to perform research with sensitive, vulnerable, and hard-to-reach groups (Breen et al., 2013; Creswell, 2013; McDermott et al., 2013; Nicholas et al., 2010).

Secondly, following obtaining of IRB approval I contacted these site administrators and moderators again and requested that they post a brief Call for Participants (Appendix C) on their sites. The Call for Participants included the following basic information: (a) information about this researcher including program, school affiliation, and how I could be reached; (b) the purpose of this study; and (c) inclusion criteria. Given the difficulty I experienced in gaining access to the population via online websites, I added the recruitment strategy of sending an Amended Call to Participants (Appendix D) to cultural diversity centers at universities across the U.S. to gain access to more participants. I additionally amended the Call to Participants (Appendix D) to include a picture of this researcher as a way to inform participants that a Black woman was conducting the research.

The posting also contained the hyperlink to the study's website in Qualtrics. Upon clicking on the hyperlink, prospective participants were first directed to the Informed Consent document (Appendix E). The Informed Consent document included information about (a) me and my research advisor, (b) the purpose of the study, (c) information about the nature of the interview, (d) how I intended to collect and analyze the data, and (e) the potential risks and benefits involved. The document also included information regarding inclusion and exclusion criteria, including that participants could not be actively suicidal or engaging in NSSI. Given that I intended to ask questions about their prior NSSI

experiences, it was important to thoroughly state the focus of the study in the consent document. The form also clearly stated that the participants could voluntarily withdraw at any time, as well as how their confidentiality was maintained throughout the study. The document also informed the participants that as a part of my analysis process, I might have contacted them again for more information if more data were needed. In addition, I intended to utilize member checking and asked the participants to verify their responses (APA, 2017).

Participants were then required to click yes if they consented to participation, or click no if they do not want to be a part of the study. Those who clicked yes and consented were then directed to a five question quiz (Appendix F) regarding the informed consent document to demonstrate competence as well as their ability to understand the study's inclusion criteria and procedures (Janofsky, McCarthy, & Folstein, 1992; Moye, Gurrera, Karel, Edelstein, & O'Connell, 2006). Those who did not answer at least 4 of the 5 questions correctly were informed about which questions they answered incorrectly, and were redirected to the Informed Consent document webpage. As the questions were forced choice, participants had to answer at least 80%, or 4 out 5 questions correctly to move on to the next part of the survey. Participants that were unable to score 80% after two attempts were directed to the mental health resources (Appendix G) webpage and were thanked for their interest in the study. Once participants passed, they were then directed to a brief demographics survey (Appendix H). For this survey, the participants were provided with freeform text boxes asking for demographic information including a pseudonym, age, race/ethnic identity, gender, sexual orientation, length of time since they last self-harmed, if they had ever been suicidal, and if so how long ago, and an e-mail

address at which they could be contacted. The questions regarding risk were forced choice and participants that notated that they had self-harmed or had suicidal thoughts in the last six months were directed to the mental health resources webpage and thanked for their interest in the study. Individuals that specified that they were actively suicidal were immediately directed to a webpage instructing them to call the National Suicide Prevention Lifeline or to go directly to the closest emergency room. Participants that indicated that they have not self-harmed or experienced suicidal ideation within the last six months were directed to the mental health resources page (Appendix G), and were informed that the researcher would contact them to set up a time to conduct the interview. At the top of each study webpage, the phone number for the national suicide hotline, National Suicide Prevention Lifeline 1-800-273-8255, was listed along with the following statement: “If you are struggling with suicidal thoughts, please contact the National Suicide Prevention Lifeline at 1-800-273-8255. or visit suicidepreventionlifeline.org.”

Participants who successfully completed the Qualtrics questionnaire and who met the necessary inclusion criteria were then contacted via e-mail and asked to participate in one-on-one interviews via Skype or by phone. Following completion of the interview process (see Data Collection below) participants were also asked to send out the Qualtrics questionnaire to individuals they knew who would meet the criteria necessary for inclusion. This allowed me to also utilize a snowball sampling technique.

For phenomenological studies, Polkinghorne (1989) suggested having a sample size between five and 25, while Creswell (2007) recommended three to 10 participants. I intended to interview between eight and 12 individuals for the present study. This sample

size was an estimate based on the number of participants that other studies examining similar phenomena have used (Abrams & Gordon, 2003; Baker & Fortune, 2008; Crouch & Wright, 2004). I began to hear a redundancy of similarities between the findings that do not seem to be new or unique. During the eighth interview, the content that the participant provided regarding her experiences with NSSI and her racial identity paralleled the descriptions that the previous seven participants discussed. I therefore concluded that I had reached saturation (Wertz, 2005). When I came to this point of saturation, I ceased conducting interviews.

Data Collection

Interview procedures. First, individuals who filled out the Qualtrics questionnaire were contacted at the e-mail address they provided in the brief survey confirming interest in participation. I then set up a time with each participant to conduct the interview, either via Skype or by phone, both of which were audio-recorded. These interviews took place in a private area or secluded room where the conversation could not be overheard or watched. To ensure this, I requested when scheduling the interview via email that the participant choose a quiet, private place to do the interview. These interviews were audio-recorded using a password-protected recording device. All interviews were transcribed by me, the researcher, and took place between March of 2018 through February of 2019.

At the outset of the interview, I went over the informed consent document with each participant, and obtained verbal confirmation that they had read, understood, and agreed to the terms and conditions outlined. I confirmed the pseudonym that each participant chose for themselves on the survey, which was how I referred to them

throughout the remainder of the interview and study. Each participant partook in a one-on-one semi-structured interview in which I asked them to discuss their experiences with NSSI use during their adolescent years, (Appendix I). These interviews lasted between 60 to 90 minutes apiece.

According to Merriam and Tisdell (2015), the semi-structured interview format allowed me to have a more emergent process and respond appropriately and specifically to each participant. This also allowed for me as the researcher to shift and change my foci according to the meanings that each participant constructs regarding their experiences. The semi-structured interview was consistent with both phenomenological methodology and my constructionist theoretical perspective as it allowed the participants to construct their meaning as they continually interact with the topic, which in turn helped shape the direction and results of the study (Moustakas, 1994).

Data Analysis

The goal of the transcendental phenomenological analysis process was to reduce data to the essence or to the central meanings of the minority adolescent participants' experiences with NSSI (Moustakas, 1994). The first step in phenomenological data analysis was epoche, or bridling, which has been discussed earlier. To bridle my biases about NSSI and race, I began the process by addressing my experiences with this topic in the Researcher's Stance portion of this chapter, and I will further discuss bridling in the Self Reflection section in Chapter IV. This was an intentional first step at systematically making an effort both (a) to acknowledge my connections to the topic, and (b) to distance myself from the potential biases that said connections may present.

The second step in the data analysis process is known as horizontalization, where after transcribing all of the interviews, I reviewed each transcript and took note of any statements, quotes, or particular sentences that in some way connect to NSSI and race (Creswell, Hanson, Plano, & Morales, 2007). I considered all of these statements or pieces of data equally, aiming to not give one person's statements or experiences any more consideration than another's. From there, I began to organize the data into meaningful clusters or groupings based on the themes that I saw forming in the data. Creating these clusters of meaning was done inductively, that is, those clusters emerged from the data rather than starting with a predetermined set of clusters (Merriam & Tisdell, 2015). The creating of clusters was an emergent process as I could have realized after conducting my initial interviews that I had not reached saturation and would have needed to conduct further interviews. The data from the initial round of interviews influenced the process and slightly shaped how the following interviews were conducted. As I formed those clusters and analyzed the data, I returned to the transcripts several times, comparing my themes to the situations and contexts presented in the data (Creswell et al., 2007).

I intended to first examine the textural descriptions of what the participants described, which refers to the "what" of their experiences as well as to the meanings that they have ascribed to those experiences. I then looked at the structural descriptions of the data, or "how" the participants experienced NSSI in the context of their racial identities, including both similarities and differences that the participants shared about their experiences. The final step in the phenomenological analysis process was to reduce the data down to the meanings and the essence of how the participants described the impacts

that race had on their NSSI use. This was done by providing rich, detailed descriptions of their experiences and the contexts in which the participants had those experiences. The goal of this was to describe the essential, invariant structure of the participants' process, making sure to emphasize the importance of their lived, human experiences (Moustakas, 1994).

Qualitative Trustworthiness

The criteria used to judge the rigor, validity, or the “goodness” of qualitative research is referred to as trustworthiness (Morrow, 2005). Guba and Lincoln (1989) addressed four different areas of trustworthiness to take into consideration: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. Carefully considering these four aspects is important to do throughout the entire research process in order to ensure that the study is valid and reliable (Merriam & Tisdell, 2015).

Credibility

Credibility refers to the fit between the way in which the data has been constructed and presented by the researcher, and how the participants view the experiences that they reported (Guba & Lincoln, 1989). To ensure credibility, I wanted to make sure that what I actually researched and what I reported were true to the phenomenon of interest (Merriam & Tisdell, 2015). There were a number of ways to ensure that credibility was met, and I particularly planned to use triangulation, member checks, and researcher reflexivity.

Triangulation. Triangulation refers to using multiple sources of data to enhance the depth, as well as the interpretability, of the data (Morrow, 2005). I intended to triangulate the data in a number of ways. Since I gained access to some participants

through websites that included personal experiences of NSSI use, I intended to ask the participants to provide materials that I could include in the triangulation process.

Particularly, if participants had any artifacts such journal entries, blogs, or website posts that pertained to racial identity concerns and NSSI experiences, these were requested and included in the data analysis process. I intended to use these materials as a way to provide multiple points to increase the richness and depth of the data (Morrow, 2005). This was to help ensure that I am used multiple sources to show that the findings that I reported were true representations of how these racial minority individuals actually experienced NSSI.

Member checks. Member checks or respondent validation (Merriam & Tisdell, 2015), was a second method that I intended to use to ensure that I accurately represented the participants' constructed experiences. At the end of each interview, I asked participants if they would like to partake in member checks. Participants who agreed to be a part of this process were sent a copy of their own interview transcripts and a summary of the emerging data clusters via the e-mail address that they initially provided in Qualtrics. I intended to have them review this information in an effort to ensure that I accurately recorded their experiences and to consider the extent with which the emerging clusters ring as true representations of their personal experiences with the phenomenon and to provide any constructive feedback to the contrary as was applicable. In addition to researcher reflexivity, which will be discussed below, this was a particularly effective way to ensure that my biases were not present in how I described their experiences.

Researcher reflexivity. Lastly, to further ensure credibility in my study I reflected on my experiences with, and provided my stance on, NSSI and racial identity.

This is also referred to as researcher reflexivity or researcher's position (Guba & Lincoln, 1989; Merriam & Tisdell, 2015). The process enabled me to critically reflect on my assumptions, experiences, and biases with the phenomenon of interest and how each of those impacted me as a researcher. This was already an essential aspect of phenomenological research, as bridling those experiences was a step in the data analysis process. I kept a research journal throughout the study to continually assess and reflect on my own reactions, biases, and any emerging insights I had. This method served as another way to bridle my experiences as I conducted the study (Dahlberg, 2006).

Transferability

Transferability refers to my ability as the researcher to provide enough detail and examples to establish that the findings I report are generalizable for those reading this study (Guba & Lincoln, 1989). One of the best ways to ensure transferability was to use thick descriptions (Creswell, 2007), and in the process provide ample amounts of information regarding the settings, the participants, and how they made sense of their NSSI in the context of their racial identities. This allowed readers to determine for themselves how well they could transfer or generalize my findings to their own situations and contexts. The second way in which I intended to ensure transferability was through maximum variation (Merriam & Tisdell, 2015). Maximum variation refers to the sample selection and how I chose participants for this study. Interviewing a diverse range of participants who fit my criteria helped to ensure that the findings I reported were more generalizable, rather than having a more homogenous sample. To do this, I interviewed participants from different genders, racial identities, sexual orientations, and ages all within my inclusion criteria.

Dependability

Dependability refers to whether a study was conducted in a logical, traceable, and consistent manner across time (Guba & Lincoln, 1989; Morrow, 2005). A study is considered dependable when the entire process is well-documented by the researcher and any changes throughout the process are discussed and accounted for. The best way to ensure dependability is through an audit trail, or a detailed, chronological tracking of the research activities and processes (Morrow, 2005). This audit trail included information regarding the research design that I planned to employ and any changes that occurred to that design throughout the process, influences on data collection and analysis processes, themes and clusters as they emerged, and the impact that peer checking had on the research process.

Confirmability

Guba and Lincoln (1989) stated that confirmability is related to making sure that interpretations and representations of the findings are accurate. This helps to ensure that findings are valid, verifiable, replicable, and that they exist apart from the researcher. As research is never objective, the goal was to ensure that the findings represent as best as possible the phenomenon being researched rather than my own beliefs, theories, or biases (Morrow, 2005). There are a number of ways in which to establish confirmability. I intended to utilize peer checking, or having an outside researcher analyze the data separately, to help ensure that the clusters and meaning that emerged were consistent across researchers. The individual whom I have selected as a peer checker was a current doctoral candidate in counseling psychology with a significant amount of experience in conducting qualitative research using phenomenological methodology. Member checks,

or having the participants review the findings, triangulation and having an audit trail were techniques I also intended to use that should help to ensure that my biases did not modify the results.

Lastly, given that this study was informed by a constructionist theoretical perspective, Morrow (2005) posited context, culture, and rapport as additional factors to ensure that the participants' constructions were thoroughly understood. Contextual grounding was necessary in order to holistically understand the meanings that the participants made out of their experiences with the phenomenon. Because an important aspect of this study included racial identity, which is informed by differing contextual and cultural foundations, it was imperative that I as the researcher clearly stated that I would be intentionally considering those factors throughout this research process. While rapport building is natural and fundamental to my work as a counseling psychologist, and given the nature of my topic of interest, it was imperative to be mindful of boundaries and to make sure that I did not slip into the role of clinician while conducting the interviews. Using researcher reflexivity and including my reactions to the interview process in my researcher journal were ways to help me acknowledge that pull and helped me to be intentional in bridling that aspect of my experience. Considering these additional factors not only impacted the trustworthiness of the study, it also ensured that the study was carried out ethically.

Ethical Considerations

There were two broad areas of ethical consideration to make with this particular study. The first broad area was with regard to ethical concerns about the qualitative research process, such as personal interaction with the participants and how that was

managed. The second area was focused on how to best ensure that this study was carried out in an ethical manner, particularly given its unique procedural aspects and inherent potential risks involved.

First and foremost, I wanted to ensure that I protected the participants from harm (APA, 2017). To best ensure this, I had a number of steps in place. For example, deception was not be used in this study. The participants were fully informed at the outset of the study, prior to the interview, that I would be asking questions about NSSI behavior. They were also told in the informed consent document that they could voluntarily withdraw from the study at any time, about the potential risks that might have arisen through participation in the study, and that they would be provided with a list of mental health resources and referrals (Appendix E).

To ensure that the confidentiality of the participants was protected, after they had read through and provided their informed consent, they were asked to provide a pseudonym with which they were referred to throughout the remainder of the study. Their interviews were recorded on a password-protected device, the password to which only I as the primary researcher knew. Once the recorded interviews were transcribed and peer-checked, the recordings were destroyed. Merriam and Tisdell (2015) discussed both the risks and benefits of participating in qualitative interviews, stating that certain questions may cause the participants to feel as if their privacy is being invaded, while others may appreciate and enjoy being able to share their experiences. Both aspects of this spectrum were noted in the informed consent and considered accordingly throughout the recruitment and interview process.

Given that (a) the phenomenon of interest was personal experience with NSSI in connection to racial identity, (b) that I intended to interview adolescents and young adults aged 15 through 24, and (c) that I conducted this research partially online, further considerations were taken to better ensure the safety of the participants. Participants had to have gone six months without engaging in NSSI and could not be actively suicidal. With regard to the online research methodology, many psychologists believe that conducting research online did not pose a higher risk level to participants than compared research done using other methods (Kraut et al., 2004).

As with any research, there may have been ethical dilemmas that arose during its course that I was not be able to account for prior to its commencement. If such dilemmas arose, I sought consultation immediately with my doctoral research advisor, my other dissertation committee members, and/or my IRB.

Summary

In this chapter, I (a) have outlined the epistemology and methodology I intended to use to conduct this study, (b) detailed the process and steps I used to collect and analyze data, (c) discussed ways to ensure trustworthiness in my study, and (d) explored potential risks to those participating in my study as well as ways to address those risks. I conducted a constructivist, transcendental phenomenological study exploring the meanings that racial minority adolescents ascribe to their NSSI use. I intended to interview adolescents and young adults aged 15 through 24 who self-identified as racial minorities and who had personal histories of NSSI. I used a phenomenological data analysis approach, which meant that I first worked to bridle my own experiences and biases. Then I used horizontalization to break down the interviews into meaningful

quotes and statements, with the intention to form clusters that described both the “what” and “how” of the participants’ experiences (Merriam & Tisdell, 2015). I then reported those clusters in rich detail, making sure that I clearly presented the essence of what the participants experienced.

In this chapter I also described the ways in which I intended to ensure the four different forms of trustworthiness, using techniques such as member checking, peer checking, bridling, triangulation, and the providing of rich descriptions. Finally, I outlined several potential risks inherent in my study including, but not limited to, working with a vulnerable population that has engaged in past self-injurious behaviors. I also described methods in which I intended to use in order to effectively manage those risks. These included providing a list of mental health resources, ensuring that my informed consent document clearly stated the nature of the study, and explicitly notifying participants that they could withdraw participation at any point in the study without consequence.

CHAPTER IV

FINDINGS

Overview

The following chapter described the findings from the interviews. It will be divided into a number of sections to best elucidate the information collected during this study. I begin with a description of each participant, providing demographic information that was collected, as well as information about each one's presentation during the interview. In those sections I will also include elements of their lived experiences in order to provide context about how they engaged in answering the interview questions. Next, I will provide a detailed description of the themes and subthemes that emerged throughout the analysis process. To strengthen and support those themes and subthemes, an ample amount of direct quotations are included clearly throughout. This is done with the intention to substantiate the conceptualization of the themes presented as well as to provide clear representations of the participants' experiences and give voice to their understanding of the phenomenon of NSSI use and their racial identities. After the emergent themes and subthemes are described, implications for psychologists and the field of counseling psychology as whole, as described by the participants, s delineated. Finally, this chapter will end with a description of how I as the researcher reflected on the interview process, the analysis process, and this research endeavor as a whole.

The purpose of this phenomenological qualitative study was to explore how people of color experience non-suicidal self-injury (NSSI) in relation to their racial identities. The following research questions guided this study:

- Q 1 How do people of color express their use of NSSI? Particularly, is there a language to how they talk about NSSI?
- Q 2 How do the perspectives that people of color have on their racial identity influence their views on and use of NSSI?
- Q 3 What reasons do people of color express for engaging in NSSI?
- Q 4 How do the experiences people of color have in the greater society regarding their racial identity impact their use of and views on NSSI?

Description of Participants

Given the sensitive nature of this study and to maintain as much confidentiality as possible to protect those who chose to participate in the interview process, participants were asked to provide this researcher with a pseudonym at the outset of the study. Only these pseudonyms were used during the interview and are used throughout this chapter. Additionally, information identifying the specific locations of the participants was redacted, so only regions or countries are referred to below and in the interview transcripts where applicable.

Ann

Ann self-identified as a 19-year-old, African-American cisgender woman, sharing that her mother is White and her father is Black. She did not disclose her sexual orientation. Her interview took place over the phone, and it was evident from the tone of Ann's voice and the fervency with which she spoke that she felt deeply and passionately about her experiences. From the outset of her interview, she shared her process of understanding her racial identity through the experiences of those around her, stating that part of that came from watching how her older Black brothers were negatively treated in

stores. Ann experienced a lot of physical and verbal bullying and violence in her social academic settings due to her being a lighter-skinned Black girl in a predominantly Hispanic school. She started getting bullied in first grade, and while it took her being beaten by a group of eighth grade boys to be able to transfer schools for the remainder of elementary school years, she eventually had to transfer back to the middle school system that she was initially bullied in. When she returned, she had to endure racially motivated hate, stating that other students “called me ‘bear’ because I was Black,” or “they would all circle me, kick me, all types of shit, throw their lunch at me, like, everything.”

I could hear her crying as she described her experiences, her sharing with me that “I can’t even talk about it now without crying ‘cause it is just so fucked up. Like, why did I have to go through that?” Almost in the same breath, Ann described the strength she had to display at that point in her life, sharing that while she had started to self-harm through cutting to cope, she felt a pressure to show up to school with resilience, stating:

They knew me as this strong girl. Like, you are going through this for a reason. This is going to benefit you. I feel now yes, what I went through is going to help other people. But it’s like, being so young and dealing with that...that’s like, you’re not going to grow up right.

Ann was so forthcoming about what influenced her desire to appear strong and to hide her cutting, as she was “low-key ashamed,” and “I didn’t want to disappoint my family, you know?” She named a part of her process that additionally felt so noteworthy, stating that “being African American, you can’t be seen [as] weak.” This seemed to play a significant factor for her in how she tried to navigate her self-harm use and her processes for getting help, as she eventually started “taking counseling secretly,” and stopped

cutting her arms instead moving to her legs because of her volleyball uniform sleeves displayed her arms.

For Ann, her self-harm use seemed to be derived from a way by which to deal with the constant pain that she was experiencing, stating that self-harm “was like a relief,” and that for her, “like, you get so... you know, when you’re hurting so bad on the inside, it’s like, I want to feel like what real pain feels like, you know?” During high school, Ann experienced a significant amount of painful and at moments cruel experiences while in the midst of finding other ways to manage her emotional distress; from being hospitalized when she did not want to go, to finding out that “my best friend and my boyfriend had sex while I was in the mental hospital,” to continuing to experience ridicule at school, stating that, “people were like, ‘You were trying to kill yourself over a boy? You’re corny.’ Like, all of this stuff. But realistically I went before any of this even happened.”

Ann’s experiences around coping and finding ways to stop engaging in self-harm were largely motivated by her desire to gain autonomy and to avoid being sent back to the hospital, stating, “Well, I mean I stopped just because I was going to so much counseling and stuff. And I didn’t even want to take the risk of having to go back. ‘Cause that was not worth it.” In the midst of losing most of her friends while in high school, Ann found connection in a friend that she still has to this day, stating “like, he was the only one I could call and literally cry and he would show up. Like, not even as like, a kiss or to have any feelings or anything, but just as a best friend.” She found ways to cope with her urges to cut herself, including that she took “a lot of showers,” and got “a tattoo that says ‘love yourself’ in my mother’s handwriting and that’s another thing that prevents

me.” Ann found reasons to keep going to not only stop self-harming, but to move toward a more fulfilled life:

I wanna be successful, I want to go, I’m in college right now. I want to graduate. I wanna go to medical school, I want to be a different... not have this shit hold me back forever. ‘Cause now life isn’t like that for me. Like, yeah, everyone’s gonna have a hard time, but that’s just what makes you who you are.

Alex

Alex is a 20-year-old African American, gay-identified cis-gender woman. Her interview was completed over the phone, and as we talked there was a clear honesty, yet moments of pause as she shared, which gave the impression that Alex was thinking very carefully and fully before answering the questions. Alex’s process of becoming aware of her racial identity was a “slow process almost,” beginning with her sharing experiences as a child of encountering food in the homes of her White friends that was different than what her mother cooked. Unfortunately, being in spaces with some of her White friends and their parents in particular quickly led to moments for her where she started to realize, “Oh, some people are mean because I am different from them.” This notion seemed to become more solidified for Alex when she tried to spend time with a same-aged White girl in her apartment, and that child’s parents would not allow her to come over to play. Alex’s mother had to explain what was actually occurring, sharing with her, ““Oh no, you know it’s not that you just can’t come over, it’s just they don’t want you to come over because you’re Black.”” Young Alex was “floored,” stating that for her at the time it didn’t “make any sense,” and that she felt that “it’s not fair.”

As Alex grew older, she tried to manage her personal experiences regarding race by letting herself “believe that like racism didn’t exist anymore or something. Like, I was just, like, you know, everything is fine.” She didn’t experience people “outwardly

being racist,” and instead recounted “microaggressions” such as White teachers in her predominately White school and neighborhood making statements like ““Oh, you are so well spoken and so articulate.”” In her early teenage years, Alex took those things as compliments and thought to herself, ““Oh, that’s not a big deal. That is just something people say.”” Alex was determined, albeit subconsciously, to believe that things had changed significantly for the better when it came to race:

I think even if I really didn’t really know that I was doing it, I was kinda trying to protect myself in some way and sort of give myself a shot at the world through rose-colored glasses, I guess. And I think I wanted so bad for what I assumed to be true, that I sort of started to make myself believe it.

As Alex entered high school however, this veneer began to slowly wear off. Through more self-reflection and conversations with her mother about topics such as police brutality or their experiences with being followed around in a store, Alex “realized some of the racial undertones in those things.” Feeling a growing a sense of frustration and anger for the ways in which people of color were treated, wanting the message “people of color are still people” to be known. Alex had to deal with being “unheard as a person of color but also being a child, because no one would really listen to anything you would say anyway.” This process greatly shaped how Alex would attend to those around her, making sure that those from marginalized backgrounds in her life knew, ““I hear you, I’m listening to you, and I want you to understand someone cares about you, even if I am only just one person.”” The difficulty with this process, however, was that it caused Alex to let her “own problems take a back seat,” which left her without support in the ways that she may have needed it. This seemed to be a typical process for her, as she didn’t want to burden or worry others “with my problems so I was just like pretending like I didn’t have any.”

Alex acknowledged that her habit of holding in her struggles and focusing on others, may have led her to start self-harming around the fifth and sixth grade. She voiced remembering “just being so angry,” and “needing some type of outlet to be like, ‘I’m angry, I feel things and this how I’m going to feel this thing.’” Alex added having the additional layer of being gay and coming out while in middle school which, while “it wasn’t even about me sort of going back and forth with myself about who I was, it was sort of how other people perceived me to be that caused a lot of issues for me.” Alex struggled with how to hold both her Black and gay identities simultaneously and allow the intersection of them within herself, with her thought process at the time being, “You know, I can either be Black or I can be gay. Like, I can’t be both of those things. And, so it was sort of a big piece of me trying to accept myself, I guess, in being both” The process that Alex went through regarding her intersecting identities seemed to be coming not only from an internal process but also an external one, as she struggled for a significant portion of time believing that, “everything that's going on in my life... is my fault, even though I really didn't do anything.” It was as if she had internalized the negative experiences and messages that she had received from others, and in turn, that pain evolved into self-directed anger.

Alex was searching for an outlet, a way to manage the anger and sadness that she felt as she wrestled with the ways in which she internalized how others treated her because of her sexuality and her race. Soon, NSSI started to take over: “...it dictated how I lived my life, I guess. Like, for example I couldn't... I had to be very cautious about the things that I wore or, like, how I sort of treated myself.” And for a time, self-harming helped; it made her “sort of feel better in the moment,” and the intensity of the emotional

turmoil that she was experiencing would secede. As we talked about what impacted her decision to stop self-harming, it became clear that after a while, she came to a number of realizations, including that, “[the break self-harm provided me] was just temporarily, I feel what I think is better, but in reality, it wasn't better in any way.” Further reflecting on her NSSI behaviors and emotional experiences helped Alex to realize that she “was really, kind of, replacing one type of emotional pain, for like a physical pain almost,” and that the self-harm was not actually replacing her emotional pain, as “the things I was sort of running away from were still there.” Making these realizations seemed to be a large turning point in her life and with her self-harm use, as they seemed to be major catalysts in her process around seeking other ways to cope. Additionally, as the helper to those in her life, Alex felt motivated to make changes not only for herself, but for those for whom she was providing support, stating that, “I really do have to be an example and stop doing the things I want other people to stop doing.”

To overcome her self-harm use Alex decided that her process would be to “take it one day at a time,” and celebrate along the way: “I’d be like ‘Oh! You’ve gone one whole day. Oh, now you’ve gone two days!’” Eventually she stopped counting as a way to stop focusing on her self-harm and feel less controlled by her NSSI, voicing during the interview that she could not remember the last time that she engaged in such behaviors.

Bri

Bri identifies as a 22-year-old Vietnamese, Native American, and Jewish pansexual woman. She presented in a fairly timid way, speaking slowly and with a quieter tone of voice throughout most of the interview. She spoke with a lot of tentativeness in her voice, and at times seemed to struggle with how to answer some of

the questions posed to her. This struggle sometimes seemed to occur due to a lack of specificity on my part as there were times when I would ask multiple questions altogether, while at other times may have been due to what she later named as a difficulty in not knowing how to explain and describe her internal experience. This tentativeness and potential concern about the interview process presented itself early on, as the one question Bri had about the interview process regarded how her data would be depicted, asking, “is it gonna be public and everyone’s gonna know who I am?” I quickly clarified to her that any identifying information that she had provided (such as her e-mail address for scheduling purposes or her specifying her location during the interview) beyond the demographic information I collected using the Qualtrics survey would not be included in the write up nor linked to her interview whatsoever. She seemed to be concerned about who may find out about her experiences, and, given that she shared that some of her family still do not know about her self-harm history years after she has stopped engaging in that behavior it made sense to me as to why she may have been apprehensive to share parts of her story with me.

Bri provided some of her experiences with race and belonging when asked when she first started reflecting on her racial identity. She was not as definitive with how old she was throughout the interview, but she instead used salient event markers in her life to anchor her racial identity recognition process. Back when her parents were still married and lived in the area where she initially grew up, she named that, “I didn’t really think I was different or anything,” because at that time “I was just in a diverse area so it didn’t matter.” That process seemed to change slightly after her parents divorced and her father and her family moved to a different location—her step-grandparents’ neighborhood. She

cited that being in this new environment was different because of “how you grew up or what your backgrounds were,” and that she did not necessarily feel “fully understood.” This process for her, however, did not include some of the race-based discrimination that many of the other participants reported, sharing that she “didn’t really have a problem” beyond a “racist” uncle with whom she rarely spoke.

Bri’s experience of her racial identity development seemed to differ from the experiences that many of the other participants reported having. When asked about what sorts of challenges she experienced in regard to her race, she initially stated that she experienced racist remarks, “Like stereotypical Asian stuff people talk about.” She then immediately expanded on her experience saying that “honestly it was like, besides my uncle, it was more sexual remarks people would say rather than racist.” As the interview went on, she disclosed more about some of her experiences with harassment and sexual assault. It became fairly evident that reflecting on her racial identity did not take precedence for her, particularly in comparison with her gender identity and the struggles associated with her mental health and self-worth.

Bri’s experiences with self-harm additionally seemed to mirror the experiences of others in some ways and differ in others. Bri started using self-harm toward the latter half of high school, somewhere between the ages of 16 or 17. Her stated rationale for engaging in the behavior was, “I just have had a hard life and for some reason decided to hurt myself instead of speaking out about how I’m hurting, basically.” Bri named a number of events that occurred for her that added up to the “hard life” she experienced, including moving often, difficult family dynamics, having been sexually harassed and assaulted, and finally what she referred to as the “personal stuff happening in my own

head.” In addition to all of the external ordeals that she had to endure, Bri struggled with a number of mental health concerns. “I’ve had anxiety my whole life basically,” and following her being sexually harassed and assaulted, Bri additionally stated that was diagnosed with Post Traumatic Stress Disorder (PTSD) and depression. Bri used cut herself as way to manage the intensity of what she was feeling: “it just like made me numb so I didn’t care about anything,” and “people were hurting me or whatever, so I just did that to feel better.” For her, self-harm use did not feel linked to her racial identity, and instead was connected to her struggles with low self-worth.

Bri’s process to stop her cutting behaviors seemed to almost baffle her. “I honestly have no clue how I was able to manage to not and just stop and not do it, like, it’s kind of weird to me.” She was not able to point to a specific event or a particular experience that impacted her decision to stop, and instead she just decided one day that she was not going to use self-harm as a form of coping anymore. And while Bri voiced that, “I still don’t have healthy ways to cope or anything,” nor did she elaborate on what her replacement behaviors were, some part of her had seemed to recognize that cutting no longer was going to work for her. This was despite the fact that for her, “it was like a routine, it was like I was just addicted to doing it.” For Bri, the motivation it seems was to find some other way to cope to and feel better, and, given that her father did not know about her self-harm and that her mother was aware of it but did not intervene, she found a way to take care of herself on her own.

Overall, Bri’s way of managing through what had occurred in her life at the time seemed to be a pattern of doing the best she could with what resources she had available to her at the moment. Despite being in therapy since the age of 12, she did not feel as if

that provided her with the support she needed to cope with the traumas that she had experienced as a teenager. She acknowledged that she was still in the process of finding better ways to understand herself and that she continues to struggle with low-self-worth, sharing that like “I view myself really poorly,” and “I just don’t understand myself.” In the midst of this, she provided some insight around her own change process away from self-harm, naming that, “...the only person that can truly help them out is themselves, and if they don’t want to get better, they won’t get better.”

Joey

Joey identifies as a 22 year-old, cisgender, heterosexual, Ugandan woman. She was the first participant to complete an interview with me, which took place via Skype but without video given some difficulties with the connection. Joey came across as very forthcoming, open, and verbally expressive. When paraphrasing the thoughts and responses of others, she often spoke with a different tone of voice to indicate that difference. There were a number of instances throughout the interview where the internet connection would become spotty, which regularly caused me to repeat back what I was hearing from her to ensure that I was accurately capturing and understanding her story.

Given that Joey resides in Uganda, her experience with race naturally differed from those of the American participants in the study. She discussed the role of colorism, discrimination based on how dark-skinned a person was, and the role favoritism based on her having lighter skin influenced her understanding of her racial identity and her social location within Uganda. She began by sharing that given that, “we’re all Black on this side of Uganda,” she did not gain awareness around how her identity was perceived until she went to a boarding school in a different city in Uganda where students from

different ethnic backgrounds also attended. It was here that she began to experience and notice differences in how she was treated based on her race and skin tone. This school had quite a few Indian students, and while she stated that, “They’re not horrible people, but they’re so keen on the whole skin thing,” Joey began to notice that the parents of the Indian students seemed to treat the Black students quite negatively. She went on to say, “For some reason, they don’t touch you and they don’t reach out to hug you. They just look at you like you’re some...way, I don’t know, that’s when I started noticing.” While at this school, her intelligence was called into question when she performed better than an Indian student on an exam, and his mother “threw such a big fit.” Given that Joey was fairly young at that point, sharing that she was between six and 10 when at this particular school, her way of making sense of these experiences was to think, “Maybe there was just something wrong with me.”

As Joey grew older, she began to notice the way being lighter skinned impacted not only in her experiences while at school, but in other areas of her life. Joey began to gain more exposure and experiences to color-based discrimination. This happened through watching movies that gave her more context to her own experiences, realizing that, “Okay, that’s what was happening!” Over time, Joey recognized that people in her country were treated differently depending on the darkness of their skin color, and stated that, “I noticed that people just like you when you’re not dark skinned. They like you—it's easier to like you.”

Joey talked at length about her main struggles as an adolescent of color being connected to her experiencing depression from a very young age. She spoke frankly about the amount of stigma that is associated with mental health concerns in Uganda, and

how, “People don’t believe you can get depressed. They think, like you’re depressed you’re—it’s something, something really really unheard of.” She went on to share an example of how the bodies of people that die by suicide in Uganda are treated:

You know, actually, when people commit suicide, what they do is they put you up in a tree, they just cut the rope and you fall in a ditch and they just cover it like it’s something embarrassing... Yeah, no one is to touch the dead body, and like a lot, some call it myth, you know, that different tribes and different religions, they feel like the body of someone that has committed suicide that touches you, it means the way to be cursed, for like, I don’t know, the rest of your life? And you have to do several rituals to get that bad aura off of you. So there’s a lot surrounding the whole thing.

The messages that Joey received regarding mental health concerns being an embarrassing and negative occurrence caused Joey to feel further isolated and misunderstood, especially once she began to self-harm. As the interview progressed, Joey wove in experiences that likely contributed to her being “the only depressed kid” in her social circles. For example, she disclosed that she had been sexually assaulted as a child by her math tutor, and that given her already-existing resistance to school, she did not feel as if she would be believed by her parents if she were to divulge that information. Circumstances came about to where her family was made aware of this situation after that man was no longer her tutor, yet the impact of its experience on her was minimized by her father:

To him it was just a joke, but to me it was not funny. That shouldn’t happen when you’re a kid. I mean, you’re a kid and some old guy is touching you inappropriately, at that time you don’t even know what it means when someone is touching you but it just means it’s uncomfortable for someone to be doing, like, every day. So, like, I’m never really someone who people understood.

After transferring to boarding school, Joey was exposed to the concept of NSSI for the first time through her first best friend. They were close and would talk about what

was occurring in their lives, and one day Joey noticed that her friend had cuts on her arms. The friend claimed to have been an accident, but Joey later connected with a group of older girls in their school who were known for engaging in NSSI behaviors. Joey paid close attention to these girls, “and then later I found out she was self-harming. It was...I thought maybe she was doing well after that. I don’t know, she seemed much...shinier and brighter? And I was like, maybe this helps?” Seeing the way that her friend seemed to be happier due to engaging in NSSI, emboldened Joey to try it for herself.

One of the ways in which Joey struggled was with regard to her appearance, which when combined with her previously-named experiences and feeling as if she did not have the sort of social support that others had, only contributed to her reasons to self-harm. She noted that NSSI allowed her to feel calmer and better, as well as to gain some distance from how she felt about herself: “And it didn’t matter if my breasts were small [laughs slightly] or if I had pimples, it was just better. Nothing much mattered after that; I just felt much better.” Joey went on to describe some of the ways in which appearance, tribal affiliation, and their associated social mores added an additional layer to the ways in which she felt accepted or rejected by those around her. From her perspective, there seemed to be a hierarchy based on both attractiveness and skin tone, at times favoring attractiveness and at other times favoring a lighter skin tone. Joey was “brown” despite the fact that people in her tribe “are supposed to be dark-skinned,” which at times allowed her to gain special treatment until she disclosed what tribe she belonged to. This, in conjunction with the segregation in Uganda that she described as being based on one’s tribe and wealth, left her in a difficult position while at boarding school. While the girls in her dormitory were of the same tribe, they were much wealthier than Joey, and given

some of her past experiences, she felt as if she was in a “different place” than many of them. She struggled emotionally for many years, noting that “there’s so much judging just because you are different, you just have to find your way of fitting in.” Several years later and after transferring out of that boarding school, Joey was finally able to start making connections, and this was the point for her when “things started moving slowly. But like those three years, it was all about...[sighs] making it work somehow.”

Transferring to a different school marked the start in Joey’s life of her movement away from self-harm behaviors as well. Initially, Joey was not very motivated to shift her NSSI use: “For me, if something works it works, I felt better, so I kept doing it. I didn’t have a problem.” She did not hide her cuts or scars, and at the time she did not care who saw them. What motivated her to stop using behaviors were some of the ways in which she was responded to when she transitioned from the boarding school and into her day school. The students at her prior school were used to her scars, and thus were relatively laissez-faire in their reactions to her behaviors. This was not the case, however, at her new school, and she got a lot of unwanted attention and questions from her peers. She quickly became tired of answering such questions, and this, in connection to her reflecting on the fact that she was growing up and had her future to consider, caused her to stop using NSSI. She ended up saying to herself, “Okay Joey, you have to be more mature. You’re growing up, so you can’t have these scars.”

Joey was able to stop engaging in NSSI behaviors for several years. Part of what allowed her to shift away from her self-harm behaviors was the realization that her sadness and depression were “not a crime” to experience. She began to recognize that it was “normal” and “okay” for her to feel these emotions as they arose for her. This, in

addition to a shift in her conceptualizing it as a strength to face her problems they presented themselves, helped her find a way to be more understanding and accepting of herself. Joey also realized one a drawback when engaging in NSSI: “even if I had avoided pain and cut myself, the pain was stuck almost.” Joey was forthcoming in naming that while this has been an important part of her growth and self-realization, she has had lapses since she first stopped engaging. Because of this, she ended the interview with a question that I could not give a definitive answer to—which was whether a person can completely stop engaging in NSSI behaviors. “Me, I want to know if does it ever stop, is it like drugs or something? [slightly laughs] This is something I never understood, do people really really ever stop; ‘cause I stopped and thought okay, like I’m okay.”

Luis

Luis identifies as a 24year-old, cisgender, heterosexual Hispanic man. Luis was very open and forthcoming throughout the interview over the phone, naming his process and experiences regarding his NSSI use in a very thoughtful way. He began the interview with questions for me, trying to get a better sense of why I was conducting this study. Luis began telling his story by sharing about an experience he had in second or third grade that caused him confusion, and stated that “(he) had a teacher targeting me,” who was making assumptions about how he was engaging in a group activity one day and had questioned his motives. For Luis, this was one of the first moment in which he began to question unfair treatment, and he found himself beginning to reflect on his race. Luis' self-doubt began to grow, fueled by growing fears of his being targeted because of his race. These fears were additionally aided by messages in the media:

So I was, like, oh I have brown skin, and I see all of these news about people getting deported, and I was scared because I didn’t know if I was illegal or not,

and obviously I was a little too scared because they were capturing people that were similar to me, you know, like, and that's going to happen to me too.

Luis quickly made the connection between these messages that he was receiving about other Latinx people being deported and his self-harm use beginning, influenced by the fear of being targeted and compared to others. Luis began "...scratching more at these dark areas of my skin... just trying to get lighter skin."

Throughout the interview, Luis would share the aspects of his story and experiences that had passed while occasionally linking them to more present experiences, creating a connection between his past and present self. As he shared about his self-harm use being associated with a desire to be lighter-skinned, Luis offered a more recent example. He made the choice to change his name, and stated that, "I heard, you know, if you Americanize your name more, you're more likely to find a job." Luis was trying to navigate his experiences as a Latinx man in America, and after some self-reflection, he was able to notice many of the ways in which he was being impacted:

Because of what I saw on the TV I guess I realized, well, I didn't then, but, my self-esteem was going down, and I wasn't as good enough for others, I wasn't, you know, like, ahh, I wasn't good enough..."

At the time, Luis seemed to really struggle with finding a sense of worth, in addition to making sense of the "the harm that I did to myself, damage that I'd done to myself."

For Luis, his self-harm use was clearly tied to messages that he received about what it meant to be a person of color: "If I look at people of other colors than me, I always thought brown and, like, dark was the lowest rank, from, you know, like, you know, from like the culture of, you know, the students have in school." This, in combination with the comparison against White students he was making regarding his ability, as he believed that he wasn't "good enough" or "smart enough," led to a level of

self-criticism that he eventually knew he could not sustain. He initially stopped scratching himself because “...my parents, or my sister, I can’t remember who commented, ‘What happened to your hands? What are you doing to yourself?’” and that his scratches were not going to heal properly. As he stopped engaging in these behaviors and self-reflecting more fully, he noticed that, “The reason why I was doing this to myself [was] because I was trying to get rid of the skin color that I have because from what I saw, seeing as I grew up was that it was bad...” Yet, through further contemplation, Luis “started realizing that’s not the case you know?”

In addition to this internal realization, other external experiences that Luis had also aided in his process to move away from self-harm and the negative belief he held regarding his self-worth. Luis started to receive support and recognition from different teachers throughout middle school and high school, which he highlighted a number of times during the interview. Those teachers played a significant role in his process, and Luis began to realize that “I wasn’t as dumb as I thought.” Academic success and recognition were incredibly important for Luis, and feedback about “how I was doing honestly” seemed to allow him to recognize that he did not fit into the negative stereotypes he so feared. Luis was getting “constant support from the teachers” and through programs such as AVID. Additionally, “The grades I was getting back” combined with the aforementioned supports and other accomplishments, “made me realize I’m capable of doing this.” In some ways, Luis was using his academic success and self-growth to almost atone for his self-harm: “I guess in a way I was trying to improve, I guess, the scars by excelling at other stuff. I was at least trying to improve in other areas where I could.”

Luis continued to grow and find other ways to reflect on who he is and what makes him a worthy person, beyond what he could change about himself for others. “I realized I could just stick to my identity. If I try to identify myself with something so that it would appear more to people’s liking, I’m not myself, not my true self.” Having experiences and opportunities to grow and to see his worth played a significant role in his coping process. In a way, Luis came to challenge the negative stereotypes he had previously internalized about his own race, particularly with regard to academic achievement, intelligence, and ability; which were invaluable to his growth.

Growth and self-improvement seem to really define Luis’ experience of himself. These values provided him with direction and helped him challenge the previously negative perspectives of his self-worth and his racial identity. Luis was not only dedicated to getting the opportunity to, “take things off my chest in a way,” but also to use his experiences with self-harm and internalized oppression for the betterment of others. At the end of the interview he shared that this was his motivating reason for participating, “That’s probably the main reason why I did it, in the hopes of, like, reasons as to, like, help others who are going through the same thing.”

Riley

Riley identified as a 22-year-old Chinese American, asexual and questioning cisgender woman, who stated that she is a senior in an undergraduate program. This interview took place over the phone, and rather immediately Riley came across as more soft-spoken with a warmth to her voice that was felt over the phone. She had a way of answering the questions in a more succinct way as compare to some of the other participants, yet not in a way that felt closed or distant, per se. She seemed more

tentative, which may make sense given what she discussed throughout the interview regarding her decision-making process of who and what to disclose her struggles to. She would often speak about her experiences using “we,” which I took to mean that she was reflecting on the global experience of being a person of color and having self-harmed, rather than speaking more to her own individual process. She shared at the end that her professors encouraged to participate in the interview as a way to challenge herself as, “they know that I’ve been trying to step outside of my comfort zone.” This provided additional context to the tentative yet deliberate way in which she responded to the questions.

Riley started by sharing that beginning around her sophomore year of college, she started to more actively reflect on “the microaggressions and what had happened to me when I was younger.” She grew up in a predominately White community, and when reflecting on how certain expectations for her were different than they were for other students, such as “teachers in middle school would be disappointed in me for, like, getting a B, whereas with other students they were fine with getting D’s or C’s.” This message was contrasted with Riley being placed in English as a Second Language (ESL) classes despite the fact that five different languages were spoken in her home, which she posited had provided her with the ability to learn language quickly. “Somehow even though I passed all the tests with flying colors, even though all three ESL teachers knew that, somehow I was still there.” Riley quickly named the detrimental effect that this had on her academic progress, as the structure of her ESL classes did not prepare her well for the transition out of ESL in middle school, and stated that, “I really struggled with critical thinking, writing, and reading skills.” This setback also influenced the ways in which she

was perceived by her teachers, as “...there is the model minority stereotype that played in.” Her teachers expected her to perform to a standard that was not accurate despite lacking skills due to her ESL education. Riley went further in-depth about her experience with the model minority stereotype as she reflected on the impact that it continued to have on her later on while in her undergraduate program. The unrealistic expectations from her professors seemed to be shaped by stereotypes that were placed on her due to her identity as an Asian American woman. These experiences caused Riley to have to learn how to behave deliberately in very particular ways. “I learned how to move within those spaces very carefully? My—how I dress how I act. So I code switch a lot which is pretty difficult?” Like many others, she seemed to go through the inescapable process of finding a way to persevere through this, and stated that she feels, “kind of grateful” for this challenge as it has helped her learn how to behave in White-dominated environments and social systems, yet at a cost.

For Riley, this process of navigating White American systems and culture while also having to balance that with her Asian culture began to have a negative impact on her, particularly “around high school when [her NSSI] first started.” Being in “two separate worlds” influenced her struggle with finding a sense of balance between those worlds, impacting her ability to find the types of support that many of the White students’ had. Given that she was often in predominately White spaces, Riley was missing the opportunity to connect with others who could understand her experience of belonging to a marginalized racial group in a deeper way. “Yeah, with high school you’re trying to figure out your identity, and then with the pressures from different cultures and not having a support system, and trying to find ways how to cope can be very... difficult.”

Riley started engaging in NSSI in high school. She described that the combination of depression being a common occurrence in her family and having a lack of support as she tried fit into two different worlds influenced her engagement in those behaviors. This “lack of support” while in predominately White spaces left her without an opportunity to gain a sense of connection as she struggled with the “pressures from different cultures.” Riley was trying to find some way to manage the pain she was left to navigate on her own and stated that her NSSI “just releases that sort of, energy or feeling just that moment.”

Having to code switch in White spaces, which left her feeling isolated, seemed to shape the way Riley made sense of her self-harm. She was aware of the ways in which resources “are not tailored to PoCs [Persons of Color] or WoCs [Women of Color] in general, it’s either like White people overall or White women.” Given the lack of options for culturally informed support that were left to her, Riley continued to go through the process of figuring out who were safe people for her to talk to, and how much was “okay to speak about and what is not.” Since support was hard to come by for her at that time in her life, Riley was left to go “...through coping methods, trying to figure it out...”

One of the major elements of her “figuring it out” seemed to be through community engagement and connection. Often, these concepts of community and solidarity were present throughout Riley’s reflection on her experiences, particularly when discussing what support and healing have looked like for her. Likely because of the spaces she was in, finding she was unable to access communities of color in particular until she attended her undergraduate college. It was in these spaces that she was able to explore what such connection and support could feel like, “figuring out who are the people that are really supportive, and then the people who were comfortable sharing their

stories definitely has helped in a way of, like, you are not alone.” She talked often about the ways in which such communities provide a “safe space” for one another, “share resources,” and uplift each other in a multitude of ways. When discussing this process Riley stated that, “you’re going to have a setback during that process, but it’s going to be okay.”

Yvette

Yvette identified as an 18-year-old, bisexual, Latinx, gender fluid person. Given what (a) gender identity Yvette reported on the Qualtrics form, and (b) that they did not disclose what their pronouns, I will use the gender-neutral pronouns they/them/theirs when discussing their experiences. Yvette’s interview took place over the phone, and they presented as quickly forthcoming and very descriptive about their experiences and the factors that impacted them. Yvette began by sharing that at the age of 15 they attended a cultural event in their hometown. This event featured the parents of 43 students who had gone missing in Mexico, and learning more about this experience began to shape the way that they started to connect to their racial identity. They stated, “That’s the first time I realized, oh, I was part of a community... that’s when I first started identifying with my people.” This experience began to shift the way that Yvette reflected on their connection to the Latinx community, as prior to this event, they had a difficult relationship with their community and culture.

Growing up, Yvette was aware that they were a part of the Latinx community, yet they did not always feel fully connected. “I mean, I was always part of the culture, but I was always—because of mental health issues and things like, that I was always so separated.” There were not many images of what it looked like to be a Latinx person who

struggled with mental health concerns in the environments that Yvette occupied, which left them feeling, “kind of stuck in-between.” The movies and music that Yvette was exposed to presented images and experiences of only White people struggling:

Nobody who looked like me was talking about those things. And I only saw White people talking about that, I kind of just thought if you want to be going through those things, you can't be...can't be Latinx. You have to be White.

Their resentment and lack of interest in feeling connected to their community and culture begins to make sense when also considering some of their experiences they had with other people from their culture. Yvette discussed having experiences of being bullied by other Latinx children while in elementary school, as well as the kinds of judgments that they and their friends received in high school, such as “I guess we were always seen, like, ‘Those are the White kids.’” Yvette often reflected on the role representation, or lack thereof, played in this process. They seemed to be missing more diverse depictions of what Latinx people go through and struggle with, and had a difficult time wanting to identify with their culture. Yvette expressed feeling regretful and ashamed, as “I thought like White people, ‘oh, they’re uneducated and they don’t care about these kinds of things.’” They seemed to be trying to navigate what their own experiences were in during a period in their life where the expectation around sameness (given that they grew up in a predominately Latinx community) did not leave much space for the ways in which they were different. “I paired the feeling of not being understood or not being accepted, or stuff like that with the culture.” After attending the aforementioned event and reflecting more on the ways in which they could connect with and belong to their community, they were able to come to the conclusion that, “I think it's important to make sure that even

though we're all different, we don't see anybody as, 'oh, you're less Latinx because you do this,' or things like that.”

One of the ways that Yvette felt a consistent disconnect from their culture was with regard to struggling with their mental health. At the age of eight, Yvette began to notice that they “had issues” and started expressing, “I’m depressed,” and “I just feel so bad.” They were not sure how they even knew how that word described their experience, yet it seemed to strongly fit for them. The messages that Yvette was given from those within their community regarding their emotional distress included, “pray it away” or “just ignore it.” Yvette tried to reach out to their parents for support and received the same messages from them, which Yvette largely attributed to the ways in which their parents were not taught how to healthily cope with emotional distress and mental health concerns. Eventually, Yvette was no longer able to manage what was going on for them, so they turned to self-harm at age 13, which they stated was triggered by a situation that occurred between their parents. At that time, their parents were struggling with their own mental health concerns, and those concerns were having a detrimental impact on Yvette and the rest of their family. And while presently there has been more acknowledgment and conversation about mental illness within the family, as their “mom was diagnosed with major depression and stuff,” this was not the case when Yvette first began to self-harm. Yvette was acutely aware of the negative systemic impact that the lack of transparent communication regarding mental health concerns has had within their family, as “Most of it could have been avoided if they were taught how to communicate issues or how to, um, how to recognize that they just didn’t have problems. But, like, they had mental health issues.”

For Yvette, their emotional struggles, feeling disconnected and disenchanted with their culture as, “I think that a lot of issues that lead to that had to do because of issues in my culture, like, the whole Machismo,” in addition to not having a place to turn to for support, all contributed to their self-harm engagement. Their self-harm had a reciprocal process—one of the factors that led to using those behaviors in the first place was not feeling connected to their culture, yet their engaging in self-harm increased their feelings of their disconnection and distance from their culture: “I’m not a part of this, and I don’t want be a part of this at all whatsoever.” This dynamic was a part of how Yvette made sense of their engagement in self-harm behaviors, as the self-harm functioned to validate the disconnection they felt in an explicit, tangible way, “That was going to be something, not just something I felt, but now something you could see.”

Somewhat conversely, connection and community also played significant roles in Yvette’s process of finding other ways of coping besides self-harm. They already had a friend group in high school that, “didn’t identify with the culture either.” This, however, presented a complicated dynamic as they were able to connect with others who similarly felt outside of their community, yet because their self-harm use, was partially connected to culture-related concerns, “I couldn’t really explain that to them because they had disconnected so much that they wouldn’t have understood that.” Yvette eventually started reaching out to online communities for support, which apparently was quite influential in their healing process:

I’m pretty surprised still that I actually found other Latinx people who kind of felt the same, that they didn’t really connect [to the Latinx culture] at all. I think that’s something that kind of helped me through it because it made me feel more normal and more, like, okay, so there’s people that are like me, ya know.

Furthering their connections to the diversity and the different ways of being related to Mexican and Latinx culture also played an important role in healing for Yvette. There were a number of cultural events being held in their region, and when they started attending more of those events at about age 15, their resentment and desire for connection began to shift. Artists and performers that were “alternative” and “indie” were featured, as well as art that was “based on our culture.” Yvette was able to realize, “Oh, so you can be both, oh, I can like both, I can like anything, you know?”

Zainab

Zainab identifies as a 24-year-old Persian and Iranian-American, cisgender pansexual woman. Zainab was able to conduct the interview via Skype with video, which allowed for the opportunity for me to observe her nonverbals as we discussed her experiences. Zainab spoke more slowly, taking her time as she thought through her words; she seemed to have a more relaxed posture when answering the questions. It was very evident from the beginning of the interview that she was being mindful about how she was presenting her experiences, quickly naming that as a “super White passing” person, she has to reflect on the impact that has on her process around “claiming that identity” as a person of color. It was clear that she had previously reflected on not only what it means for her to be a person of color but also what it means to be a White passing person of color. At more difficult moments in the conversation she both named and expressed sadness, particularly regarding not fitting in more with her cultural background as she would have preferred. As the interview progressed, she seemed more comfortable, making more jokes along the way and was more expressive as we went further into the various aspects of the interview.

Zainab began the interview by reflecting on how transitioning from a city in Louisiana to the Pacific Northwest impacted her awareness of being a person of color. Zainab was aware of some aspects of who she was, stating “I always knew that I was Persian,” but that she “didn’t necessarily know of the ‘person-of-color’ thing.” In Louisiana, she resided in a more heavily Black-populated area and knew that that experience was not hers. However, Zainab felt “sort of like in the middle” when she moved away and was around more White people as she “knew being around a lot of White people made me uncomfortable.” Her Persian identity was more salient for a very significant amount of her life, but she did not come to identify as a person of color until attending college and experiencing “a lot microaggressions” from White students that “were, like, actively questioning my identity.” Her experiences with identity were multifaceted, as she did not grow up with the economic security as did the White families around her; she also grew up Muslim and experienced “not really Islamophobia, but at least a lot of ignorance.” The intersection of these identities and cultural experiences for her “just ended up being kind of isolating at times.” There was a strong cultural connection between Zainab’s ethnicity and coming from a Muslim background, as some of the experiences that she named as being more difficult for her growing up often involved the intersection of the two. One poignant example that she discussed was being called, “White-washed” by a Muslim Middle Eastern boy for having read the Qur’an in English rather than Arabic, which inevitably left her feeling, “like I had let my community down in a weird way.”

“Passing for White” seemed to place Zainab in a unique position among multiple communities. She often got the microaggressive statement of “people [from White and

Persian communities] telling me that I don't look Persian," which she stated "sucks" and was annoying, yet she additionally reflected on the privileges that not presenting as Persian afforded her: "I know that being White passing is such a huge advantage that it doesn't make sense for me to be complaining all that much about it." At the same time, what seemed to have a more influential impact on her was not being recognized or accepted by other Persians, sharing that at one event a child approached her and directly asked, "Why are you here?" It was clear that sense of belonging and connectedness to her community were important to her as, "That kind of stuff bothers me more than microaggressions from White people." Because of her strong value of cultural connectedness, she made an intentional effort to feel more attached to her culture by studying Farsi at her undergraduate institution.

In addition to Zainab's own struggle around feeling connected to and accepted by the Persian and Iranian communities around her, as a child she watched her father struggle emotionally, which to her stemmed from, "this really intense disconnection from where he's from." Zainab spoke in more detail about certain losses that her father had, and how those losses, in combination with the "geo-political" conflict between America and Iran, had such a negative impact on him. She shared that he has been unable to return to Iran to visit the graves of his parents, which left him feeling a strong disconnection from his family-of-origin. She seemed intimately aware of this on her father's sense of self and way of being in the family. This recognition in some ways seemed to add to Zainab's own desire to feel more connected to her culture.

Zainab began self-harming in middle school, around the age of 13 or 14. Her family had previously relocated from a large, fairly racially diverse city in the South to a

wealthier, Whiter, faster-paced city in the Pacific Northwest. For Zainab, “It was just really stressful basically,” adding to the dynamic of being in middle school and not having the “deep friendships,” or a support system there for her at that time. She did have some friends, yet was not allowed to spend time with others outside of school. Zainab also had a close relationship with her younger sister, but because of her “responsibility as the older sibling,” Zainab did not want to place her “deeper feelings” onto her younger sister. These experiences inevitably left Zainab to try to find some way to cope with her distress on her own. To try to make sense of what she was going through while in middle school and high school, Zainab was “actively seeking out media that [she] could semi-relate to.” The difficulty, however, was that she was often presented with images and storylines in movies, television, and books that were “always White girls—maybe sometimes it was a White guy.” This lack of representation left Zainab to feel, “like this weird outlier,” which was only exacerbated by the stigmatizing messages that were associated with her culture and Islamic faith, which she received from her family. One such message was connected to this sense of “anger towards people who would dare to think of killing themselves or hurting themselves.”

Self-harm became a way for Zainab to cope with the intense emotional distress and “inner turmoil” that she was experiencing, providing her with both an “immediate release” and “instant gratification.” The purposes that her self-harm served were multifaceted; at times it was a release, at other times a distraction “with something tangible and physical,” the scars afterward serving as outward proof for the emotional pain she felt internally. Additionally, there were times when Zainab hated herself, and using self-harm served as a punishment in moments when she felt “so horribly inadequate.” For

most of middle school and high school, Zainab engaged in self-harm behaviors, as she “wasn’t totally motivated to stop cutting,” and “didn’t necessarily think there was anything wrong with it.” Eventually, the “little annoyances” of having to wear certain clothes or hide her body from her sister, in addition to moving out of her home and starting in her undergraduate program, provided her with the opportunity to reflect on things differently. Zainab began “realizing, like, there are so many other ways to exist in the world and to think about the world,” and was “finally around people that [she] was having deeper connections with and having, you know, getting good friends,” both of which motivated her to start therapy and to find ways to manage her emotional turmoil without using self-harm. Attending college was instrumental in providing Zainab with the possibility to find a different way to be. Additionally, moving out of her parents’ home released her from the “pressure of their really negative world view,” which gave Zainab the space to, “be able to look at the world generally in a positive light.” This space, in conjunction with the “actual true friendships” that Zainab then was building, helped her to realize that she had “something to actually lose.” It was this bit of insight that helped her decide that, “[she] wanted to do something about all of the stuff I was going through.”

Emerging Themes

In the section that follows, I will delineate the themes that emerged throughout this study. To begin the analysis process, I started by taking notes during the interviews as I conducted them of phrases or experiences that reminded me of statements that other participants had made. I then began to transcribe completed interviews as I was conducting others, which allowed me connect more fully with the emergent process of

having the data shape the direction of the interviews. This allowed me to further explore aspects of the participants' experiences that felt connected to the experiences stated in the previously-conducted interviews. After conducting and transcribing all interviews, I began the horizontalization process. As described in the Chapter III, I reviewed every quote from the participants that related to or connected to NSSI and/or race and created an initial list of themes and subthemes as they emerged from the data. I returned to the transcripts several times as I reflected on my initial list of themes and subthemes, and when reflecting on the contexts that were presented (Creswell et al., 2007), I reformatted my theme list to reduce the data to what seemed to capture the essence of how the participants experienced and made meaning of the intersection of their racial identity and NSSI use.

After creating these refined themes, I had a colleague who had graduated from my Counseling Psychology doctoral program, who also had completed a phenomenological dissertation, review the transcripts separately and confirm whether the themes felt consistent with what she was seeing and experiencing in the data. Any differences in our analysis of the data were discussed until we came to a consensus of an accurate portrayal of the themes. Theme and subtheme titles were created from either the content of the theme or a direct quote, both of which were meant to encapsulate the essence of the participants' experiences. The following six emerging themes are as follows:

1. "Racial Undertones:" Coming into One's Racial Identity
2. "I Thought I was Dealing with the Problem:" Exploration of Non-Suicidal Self-Injury
3. The Intersection between Race and Non-Suicidal Self-Injury

4. “Because she Wouldn’t Understand:” When Support is Missing
5. When Support is Provided
6. We Shall Overcome!

As noted above, the participants provided a significant amount of feedback regarding their experiences and suggestions for the field of counseling psychology to take into consideration. Given the breadth of responses from the participants and in order to obtain as much of the feedback that was provided, a separate section will be organized into four broad themes with quotes that relate to each overall theme. Subthemes were not delineated during the analysis process, and this was done in an effort to capture as much of the feedback as was possible from the participants.

**Theme 1: “Racial Undertones:
Coming into One’s
Racial Identity**

The first theme that emerged from the interview data regarded the processes that the participants described about how they came to recognize and make sense of their racial identities. All of the participants could recall experiences or moments when they became more aware of their race. The processes by which this awareness emerged were shaped by a number of factors in the experiences of the participants, which were delineated into two major subthemes: (a) self-understanding that was informed through close and internal experiences (i.e. their own families, communities and cultures, as well as internal reflections), and (b) self-understanding that was informed through more societally- and externally-driven experiences (i.e. cultures outside of their own, messages from society and discrimination).

Subtheme 1: Understanding through one's own race and culture. The majority of the participants discussed the ways in which they became increasingly aware of their racial identities through reflecting on what occurred within their families, their communities, and within themselves. At times they were impacted by what other family members and siblings were going through, and then began to formulate further understanding of their own identities through others.

Recognition through family. The participants began to get a greater sense of their racial identity, and how to make sense of what it might mean for them to be a person of color through both noticing certain experiences that those in their family were having, as well as through conversations with different members of their family about what it means to be a person of color. Alex began to get a better understanding of the ways in which different experiences that she and her mother would have were influenced by their Black racial identity: “Also, through my mother I guess who I would have conversations with and we would just sort of talk about things, and I sort of, I guess, realized some of the racial undertones in those things.” Alex and her mother would talk about experiences such as being followed in the grocery store or receiving “compliments” from White teachers, and was able to recognize the racial undertones behind why those experiences were happening.

Ann spoke to the deeper aspect of this experience, as not only was she reflecting on the racial underpinnings behind her different experiences, but she then began to make interpretations from those. This was first influenced through watching the negative ways in which her older siblings were treated by White individuals, her older brothers in particular:

Ann: Um, well, I have five brothers so a lot of stuff happened with them and that's when I think I really started realizing that being of color was a disadvantage in my.... Like, you are always going to have something holding you back regardless?

Hearing about her brother being harassed and marginalized because of the color of their skin, and recognizing that because she too was Black, she would have to endure what they were experiencing. She started to realize what was occurring for her brothers and began to gain a sense that being a person of color has drawbacks in the world we currently live in. She then began to have her own experiences that mirrored what she saw her brothers go through: “‘Cause a lot of stuff happened with my brothers just because of their skin color and then I had my own experiences with people following me around the store.”

Riley spoke to a different aspect of gaining an understanding of her own racial identity through her family, particularly through the comparison of experiences causing her to notice the ways in which she did not quite fit the stereotype as an Asian American woman: “I also didn't really fit in with the model minority and most of [my] family members were smart and got 4.0s, and here I was struggling but pretending that I was doing just as good as well.” She began to internalize the messages that as an Asian woman in America, she needed to academically perform to a certain standard to be truly considered as fitting in with her race.

Experiences within the family system, whether through connecting to what other members were experiencing, through conversations about those experiences, or through noticing the ways in which one might not fully connect to the experiences of others represented a factor in how many of the participants made sense of their racial identities. These processes left many of the participants to not only recognize that they

belonged to marginalized racial groups, but that belonging to those groups equated to being treated and seen as lesser than their White counterparts. Many began to internalize these messages as truth.

Racial Representation. Representation in their immediate worlds and communities informed a number of the participants' experiences with recognizing and further connecting to their racial identities. This subtheme manifested in a multitude of ways for the participants, sometimes helping them to better connect to others as they recognized shared circumstances within their racial groups, and at other times elucidating their experience of being different than those who shared their racial identity.

For example, Bri spoke about the ways in which she noticed feeling different than others based on who else was around her. She reflected on how she felt connected to one part of her family: "Yeah, my mom is part Native American, Vietnamese, and Jewish, so her family—I didn't really think I was different or anything." She additionally named how her racial identity did not stand out in a negative way, due to living in a more multiculturally diverse area. This changed for her, however, when her parents divorced and she moved with her father to a more predominately White neighborhood. "And a time when it was just weird was when we moved into my step-mom's parents' area. And then it was just all European people, and so it was just like no one looked like me or anything." Bri seemed to recognize that this left her feeling more alone and while she did not go into great depth about her process, reflected on how disconnected she felt from others.

For some of the participants, seeing multiple ways of connecting to what it meant to be a person of color influenced their ability to feel more connected to their race.

Yvette spoke at length through their process with rejecting their culture and identity at times, and how having the opportunity to experience more than one way to be a Latinx person influenced their ability to feel more connected to their race:

Yvette: I think it's 'cause when I was 15 that's when I started going to more events in my region and stuff. And it would always bring up topics that were, like, that...that's why I feel like the first time that I started feeling not only part of my city but part of my people, because I would always see people who looked like me and things like that. Because here where I'm from, they always plan a lot of great events, they organize a lot of things that are about activism and stuff. They also...they were all about inclusion through art and things like that. So they would always book artists that were of color to come down and speak and to perform and things like that. So I think that's when I started thinking, "Wow, I should be part of my culture." And they would also, I think it was more like an alternative or indie, and I also think that's kinda a White thing, but they started including more things that were based on our culture. Like, getting artists that were Mexican or Latinx, and seeing that too kinda made me realize, "Oh, so you can be both, oh, I can like both, I can like anything you know...." And I think was the biggest thing that kinda made me want to be...to participate in my culture more and appreciate more things.

Ann discussed the ways in which representation unfortunately does not change the way she and other people of color are experienced by the rest of the world, which seemed to inform some of her recognition around how others experience her being a Black woman. She noted the ways in which she realized that no matter how success she or other Black people could become, and that no matter how positive the image that was presented to world was, she and other Black people would always be kept from being seen as fully equal.

Ann: I mean, I feel that at a certain age you start realizing who I am and people that look like me are always going to have a problem, you know? Regardless of what we do. We can be successful, we can be rappers, singers, be famous, it doesn't matter- we're always gonna be held back. I just feel like, I don't even know. It's just something that people are so aware of and it just goes day to day, ya know? Like we live with it every day.

Rejecting or denying one's identity. Many of the participants, when reflecting on their processes around exploring and understanding their racial identities, discussed this theme of denying or rejecting elements of what it meant to be a person of color. This seemed to be a combination of them wanting to gain some distance or protect oneself from the harsh and oppressive realities of racism along with internalizing some of the negative messages they received associated with being a person of color. Having to come to terms with experiences related to microaggressions and discrimination as a result of holding their racial identities was a hard concept for some of the participants to fully understand and come to terms with, especially since a number of people reflected on this being a part of their processes during adolescence or pre-adolescence.

For example, Alex reflected on how this subtheme was demonstrated in her life. She acknowledged both the ways in which she wanted to believe that racism did not exist, and while she did not deny that she is Black, instead tried to distance herself for the painful reality that being a Black person could negatively impact how she would be treated:

Alex: I let myself believe that racism didn't exist anymore or something. I was just, like, you know, "everything is fine." No one—I've never really experienced someone being racist. I was like, "oh, it just doesn't happen anymore, it's fine." And that was kind of the way that I functioned as a... I would say around 10, as I was going into being a real teenager I guess.

Alex went on to explain that her denying racism was an unconscious form of self-protection:

Alex: Right, I guess I kind of... I think even if I really didn't really know that I was doing it, I was kinda trying to protect myself in some way and sort of give myself a shot at the world through rose-colored glasses, I guess. And I think I wanted so bad for what I assumed to be true, that I sort of started to make myself believe it... And I was just sort of like, Oh, if I just keep thinking that nothing is racist, then nothing is racist basically."

Over time this changed for Alex, as she unfortunately had many more discriminatory experiences throughout her teenage years. Through reflecting on what was influencing others to treat her in the ways in which she was being treated, in tandem with conversations with her mother, Alex eventually was no longer able to hold onto those “rose-colored glasses” anymore. She later discussed the ways in which she began to realize that she was experiencing discrimination, which will be further elucidated below in the subtheme entitled, “Microaggressions, bullying, discrimination, and racism.”

Yvette also additionally reflected on the ways in which they internalized the reductive and demeaning White supremacist messages about underprivileged racial minority groups. They began to incorporate those negative beliefs about Latinx people into their own worldview, which impacted how they understood themselves and influenced their desire to connect more fully with being a Latinx person. They began to believe that Latinx people were a less educated and intelligent racial group, which caused them to significantly reject their racial identity. As they talked through their process, they shared feeling regretful for the ways in which their experiences with bullying impacted their distancing themselves from their racial identity and their culture:

Yvette: Yeah, and I feel like, I guess at this point I’m really proud of my people, so I kind of have a lot of regret. It makes me feel kind of ashamed that I was so, I don’t know that I was ever hateful, but I didn’t want to identify with my people at all. And I thought like White people, “Oh, they’re uneducated and they don’t care about these kinds of things.” And it’s all because of, how things happened with our race and whatever, and it’s not really on us.

The process of denying or rejecting one’s racial identity or the experiences that are often associated with those identities seemed to impact how some of the participants understood themselves and how they connected with others. The concept of internalizing

racism will be further discussed in the subtheme entitled “I deserved it,” as this experience was further discussed by a number of the participants. Internalized racism informed not only their conceptualization of their racial identity, it also strongly influenced the intersection between their racialized experiences and their reasons for NSSI use.

Subtheme 2: External influences. In comparison to how some participants connected to and understood their racial identity and culture through the experiences of what happened internally or in their close relationships, others talked about the ways in which external, and often more social, incidents influenced their process with recognizing their identity. These external influences showed up in the lives of the participants in a number of ways. Some participants gained recognition and a deeper understanding of their own race and culture through comparing and contrasting that to either White culture or to the majority culture that was around them. For others, larger societal messages they received from the media about what it meant to be a person of color shaped both the positive and more negative ways in which they began to understand and connect to their racial groups. Lastly, experiences with discrimination, racism, or microaggressions, whether from within their racial group or from outside of it, also seemed to inform their understanding their identities.

Comparison to White or a majority culture. One of the contributing ways in which many of the participants either began to notice that they belonged to a racial minority group was through comparing their culture, their family interactional patterns, or their customs to the White standards that were prolifically around them. This comparison process helped a number of the participants begin to recognize that they

belonged a specific racial group and better understand their own group's cultural norms and mores.

Alex for one noted that her comparison process played a role in how she began to reflect on her race. She began to gain a better understanding that there are different customs associated with race, and started to differentiate how Blackness, in particular, was exhibited in her family. As a child, she first noticed differences between her White friends and their families and hers through food:

Alex: I think it sorta came down to food. Which is kinda strange, but I remember when I was in Kindergarten I had a friend who lived in the same apartment building as I did and she was White. And so I would go over to her house and we would play, and I just remember her parents would make us food and it was just...it wasn't really that the food was abnormal in any way, it was just not really what I was used to and I never really sort of knew that different people of different cultures ate different things. And I remember asking my Mom, and not even really asking her but sort of telling her, "When I went to her house, we had blah blah blah." And my Mom was like, she was like, "Yeah, some people, you know, don't eat the same things that we do." And, I just thought that that was the weirdest thing that I had ever heard. I was like, "What?" (laughs)

While perhaps a more benign example than some of the others that participants provided, Alex illustrated the ways in which she began noticing differences and began her process of understanding herself in the context of a larger, more diverse world. Alex went on to provide less light-hearted examples of how she began to reflect on herself and those who were racially different than her in the subthemes that follow.

Zainab additionally grew to understand her racial identity through comparing and contrasting as well, but in a very different context than some of the other participants. Rather than comparing herself to White cultural norms and standards, at least initially, her being in a predominately Black area caused her to notice the ways in which the experiences of those around her were not the same as her own:

Zainab: I grew up in [redacted] Louisiana. So I always knew that I was Persian, I didn't necessarily know of the person of color thing, but I knew that I wasn't Black. So I just sort of knew that I was Persian and not Black, and not, I guess if anyone would have asked me, I probably would have said when I was in elementary school because, it's like, all of my classmates mostly were Black, and I knew I wasn't that experience.

This recognition seemed to allow to be more aware of how she did and did not connect with different racialized experiences at a fairly young age. In the midst of her knowing that she was not Black and that the Black experience was not the same as hers, Zainab additionally discussed feeling as if she did not fit in with or fully connect to White people and White culture either:

Zainab: I guess I was always sort of in the middle of that experience kind of? I wasn't... I knew being around a lot of White people made me uncomfortable. I was definitely more comfortable with, you know, the people, the students of color. And I guess... probably... probably wasn't 'til undergrad where I, actively started identifying as a person color. But even then, being super White-passing, and I'm also half White, so.

Zainab was left to feel somewhat disillusioned, as she did not feel connected the White culture or identity that she outwardly presented as.

Riley also spoke to the struggle of noticing the ways in which she did not connect to American culture in particular, especially as a first-generation Asian American woman. Her experience with the process of comparison was recognizing what aspects she was able to connect to and what aspects she was not, and how balancing American culture with her Asian culture resulted in dissonance for her:

Riley: There is definitely a disconnect of like what is American culture, but what is also Asian culture as well, and trying to balance those two and try to fit in, so definitely when you hear a lot of young, Asian first gens we're living in two separate worlds, and they kind of contradict each other and they also kind of don't.

Given this sense of dissonance, Riley had no choice but try learn from the ways in which she did and did not fit into White American spaces as well, discussing her experiences with learning what those experiences were and how to make it through. She discusses below how having to figure out how to fit into White spaces was difficult for her yet benefitted her in the long term:

Riley: I think even though there were challenges, I think I'm kind of grateful for it but also not? I learned how to move within those spaces very carefully? My... how I dress... how I act. So I code-switch a lot which is pretty difficult? But it kinda helps me learn the system and how to play it as a PoC to definitely move up.

Luis also discussed briefly how he tried to make sense of the experiences that he noticed different racial groups having, comparing Brown and Black people to the White culture of the other students in his school. Not only was there a hierarchy that he identified around who was “lowest,” he also acknowledged how having to experience racism informed his process of being disconnected from his identity as a Latino man:

Luis: If I look at people of other colors than me, I always thought brown and dark was the lowest rank, from, you know from the culture of the students have in school. Constantly going though racism or if not indirect... like common. And that probably, that along with, you know, what I was going through with myself, how I was thinking, how my mindset was. It was all coming, it was all happening at the same time in middle school.

Luis seemed subconsciously aware of the unjust hierarchy that purported the idea that Black and Brown people are somehow lesser in comparison to the White students in his school, which caused him internalize these messages and subsequently to feel a sense of distress and concern about he himself being a Latino man.

The experience of having to compare and contrast one's own experiences of their culture and identity to the majority cultures around them played a factor in how these

participants came to understand themselves. Sometimes that comparison provided an opportunity to recognize difference, and at other times that comparison began to shape their initial understanding of prejudice and racism held by some of those groups outside of their own. Many of the participants were beginning to understand that belonging to a marginalized racial group made life more difficult.

Microaggressions, bullying, discrimination, and racism. Every participant discussed the ways in which their experiences with microaggressions, bullying, discrimination and racism shaped the way that they conceptualized what it meant to be a person of color, the only subtheme to have full inclusion of all participants. This fact in itself speaks to just how pervasive the experience of racism may be in the process of recognizing one's racial identity. The section will first be divided into two subsections; (a) one focused on out-group experiences, and (b) the other focused on in-group experiences.

Out-group experiences of racism. All eight of the participants discussed the ways in which discriminatory experiences that they had with groups outside of their own racial or cultural group influenced how they understood what it meant to be a person of color. Zainab spoke first to the role that experiencing microaggressions played for her, especially after moving to a more predominately White locations, as well as after attending a predominately White university. Zainab discussed how these experiences left her feeling misunderstood, unseen in her Persian identity, and at times frustrated that her identity was in question by others:

Zainab: I just basically got a lot of microaggressions in the first few weeks, being like, "Why's your name so weird? Why are you studying Persian?" All of this stuff where people were actively questioning my identity. And that had never

happened to me before, where I was, like, “Wow, people are actually, like, don’t believe that I am who I say I am?” Especially other White people.

Zainab discussed how these sorts of experiences, in addition, to “Basically just people telling me that I don’t look Persian,” were somewhat challenging for her. As will be discussed further below, these experiences had a more saliently difficult impact on her when other Persian people, rather than White individuals responded in microaggressive ways. Experiencing microaggressions from other Persian individuals caused her to feel invisible and question whether she would ever feel accepted by her own cultural group. Zainab grew to feel sadness, isolation and a sense of yearning for a deeper connection to her culture.

Alex’s experience with microaggressions took on a less negative tone than many of the experiences described by other participants, yet were harmful nonetheless. She often received messages that were disguised as compliments such as being told that she was well-spoken or smart, as if to suggest that she was an exemplary Black person for presenting the way that she did:

Alex: I would have.. in middle school I went to a predominantly White school in like a White neighborhood. So, I would have teachers who would say, they would tell me, “Oh you are so well-spoken and so articulate,” and I would take that as a compliment. I would be, like, “Oh yeah, I’m so smart, blah blah blah,” but when in reality, I wasn’t really... wasn’t saying anything that was that smart.

These microaggressions in particular influenced both Alex’s experience of her own racial identity and challenged her desire to believe that racism longer exists. Because of their more kind or benevolent tone, they came across as complimentary. But as she grew older and began to realize that those “compliments” were not well-supported, she was able to see the negative implications that those “compliments” held regarding thoughts about how she should behave to be considered a good Black person. She found herself initially

feeling a sense of pride for receiving such compliments, yet as began to recognize these actions as microaggressions, she began to feel frustrated and hurt she her White teachers were holding her to a lower standard than her White counterparts. “And now I know that the way that they meant it wasn’t necessarily a great thing.”

As noted earlier in the description of Ann’s story, she experienced a significantly traumatic amount of bullying that shaped not only a part of how she understood her race, but how she understood herself and her worth. She described being beaten up at a young age by a much older student of a different race:

Ann: But when I was literally in first grade, I had this eighth grader... I had no problem with him, I was really to myself and the only reason I really remember is because I feel like this really affected me throughout my years of becoming who I am. He was an eighth grader, I was in first grade and he had all these friends and stuff and one day he... he always hated me though! And I never knew why he hated me. I didn’t know if it was ‘cause I was mixed? ‘Cause literally there were only Hispanics or Russians in this school, so I don’t know if that was the problem or what it was. I just remember one day he came up to me and was, like, “I’m going to bring a gun and I’m going to shoot you.” The next day when I went to school, I don’t know if he had a gun or not, but I remember when I was out on the playground and all these guys came up to me and they literally jumped me. Like, threw me on my back.

For Ann, this was unfortunately the start of years of negative experiences that she would have to endure. She was able to have a reprieve from the harassment after transferring to a different school after the aforementioned incident, yet she eventually had to transfer back to the same school system for middle and high school. Here, the bullying that she experienced became more explicit and pervasive:

Ann: I literally made one friend when I was there, and me and her both got bullied because we were friends. They called me “bear” because I was Black and her a cow because she was a little bit bigger than me and we would get bullied all the time.

She goes on to describe being pushed “into the locker,” being kicked, having food thrown at her, and being called, “fat and ugly, and all this and all that.” This bullying impacted Ann in a clearly intense way, as she noted, “I was so young, so it’s just like damaging, you know.” Ann began to struggle with significant mental health concerns following these experiences, which are discussed at further length in the subtheme “Influencing factors” below.

For many of the participants, their negative race-based experiences escalated from bullying to what they described as overt racism and discrimination. Bri, for example, shared that she experienced racist comments from others. However, she shared that she received these statements from an uncle, saying that, “He just makes crude comments and laughs. I mean, he doesn’t tell you words or anything, he just makes comments,” and that they consisted of “stereotypical Asian stuff people talk about.” And while the majority of her discriminatory experiences tended to consist of derogatory, explicit, and inappropriate sexual comments, she named that the racist comments she would receive would make her feel bad about herself.

In addition to the bullying episodes described above that she experienced in school, Ann also discussed some of the explicitly racist and discriminatory experiences she had outside of the school system as well. People used derogatory language and name calling, which caused her to realize the ways in which she and her siblings were experienced by others as African American and mixed-race people:

Ann: Like, you are always going to have something holding you back regardless, ya know? ‘Cause a lot of stuff happened with my brothers just because of their skin color and then I had my own experiences with people following me around the store. Calling me nigga, nigger, or whatever.

These explicitly racist slurs while being followed around in stores made it evident that others people believed that something was bad or wrong with her and family, based solely on the color of their skin. She began to question her worthiness as a person because of these messages, which later influenced some of the self-harm behaviors that will be discussed further below.

Alex also reflected on the time it took her to become more aware that people would treat her and other persons of color differently. She recognized that she was different from others around her, yet as a young child, she did not fully see or understand that she was being treated poorly at times because of her skin tone:

Alex: Um, I think at that age it didn't... I don't think I really understood what that meant, to a certain extent? I guess for a while it was just kind of, like, "Oh, I'm different." But it just continued, "Oh, everyone's different and so everyone's okay with that," I guess. And it wasn't until I got maybe a couple years older where I was, like, "Some people are mean because I am different from them." So, I guess it was sort of a slow process almost, to me at least where I was kind of understanding that racism exists.

Alex's experiences with racism and discrimination nonetheless started at a young age, with her being in elementary school and being told that she was not allowed to play with a girl she was friends with at school by that child's parents. Initially she thought that the girl's parents were just unkind, but that shifted after her mother elucidated to her about what was actually happening:

Alex: And, it wasn't until my Mom sort of told me... she was, like, "Oh no, you know it's not that you just can't come over, it's just they don't want you to come over because you're Black." And, I was just, "That just doesn't make any sense." I was, like, "But she's my friend and we play all the time," and blah blah blah. And, I just... I think that's the one moment where I realized I was like that...it's not fair?

At that age she was “floored” by this information and struggled to comprehend that a girl who was previously her close friend could no longer be in her life. As noted above, Alex really struggled with fully acknowledging that race-based discrimination and oppression existed in the world. This process for her unfortunately shifted and the recognition of racism became more permanently salient for her as she got older:

Alex: Um, I would say around maybe my eighth grade year into going into high school. Maybe my freshman year. I sorta started to realize, not even just realize, but sort of pay attention to the things that were going on around me? And it took a long time for me to, sort of admit to myself that things weren’t as great as I wanted them to be... I would kind of be... we would go to the store together and we’d get followed around the store. Before I was just, like, “Oh, people just think that everyone is stealing,” but I never really sort of attributed that to me being a person of color until I started to kind of think about it.

Alex found herself beginning to struggle with the emotional impact of recognizing how racism negatively influences the lived experiences of others. She noted that these experiences increasing brought on a sense of sadness and anger, as it did not feel fair that to her that she such negative assumptions were being made about her and her based solely on the color of their skin.

Riley named the ways in which assumptions being made about language and comprehension shaped her experiences with racism and discrimination. “I would say, that one of the things that stuck out was being placed in [English as a Second Language] ESL. Like, even though I grew up with five languages in my house, I picked up languages fast.” This caused confusion for Riley, as it did not make sense to her that she and her family could be so prolific linguistically yet she still be placed and kept in classroom that did not match her ability. She noted the negative impact this had on her academically. When she reintegrated into the general population, she was lacking many of the skills she needed to feel prepared to meet the standard she would be held to when entering college.

Luis also described a number of experiences that impacted how he made sense of racial identity, sharing a similar experience to Riley of being placed in ESL. He too was not sure why he was placed in ESL, and the opportunity to advance to course rigor provided some internal conflict for him:

Luis: And for some reason I just didn't understand why I was a person in ESL and then I moved up, and then a teacher told me to move up in math class, and I did. I, like, I knew that this was going to be a big conflict to what I was trying to portray a self-image of, you know, when I was trying to be a gangster or something.

Luis held this perception about what Latino men were supposed to look like, which seemed to include being in ESL and a less advanced math class. He had to reflect on this internal conflict around stereotypes regarding being smart vs. “gangster,” and he eventually had to challenge the narrative that Latino men cannot be smart, in general English courses, or should not be in higher-level math classes. He additionally talked about reflecting back on an experience in elementary school where a teacher seemed to make negative assumptions about him cheating or being deceitful in a raffle-like activity: “But now that I recall, I like, I would say around 2nd grade, 3rd grade, I had a teacher targeting me.” All of these experiences left him feeling unsure of how to make sense of what it meant for him to be a Latino man and which tropes to reject or internalize. Much of Luis’, as well as Riley’s experiences with racism largely took place within their school systems.

Yvette grew up in an area that was predominately Latinx, which meant that their processes around recognizing and understanding their racial identity differed from those whose experiences were centered on being in locations or communities that were predominately White. “Since we’re mostly Latinx, I guess I never saw... I never felt the need to identify with a certain culture or a certain race because we were all the same, so

there was no need for it.” For them, reflecting on the ways in which Latinx people in the broader community experienced racism, and how in certain locations Latinx people had less access to protest against the racism, had a significant impact on their racial identity development. Yvette started to intentionally and actively reflect on what it meant for them to be more connected to their identity as a Latinx person. “So, I never really identified with my culture until that time, the time that I heard these people speak. Then I realized like, “Whoa, we are really going through things.”

Joey, who identified as Ugandan, started to become more aware of her racial identity around the age of 10 while attending a school where Indian students were present. It was here where she first experienced racism at the hands of the parents of her Indian classmates:

Joey: It was okay with their kids; they don’t really see color or anything. But when this kid introduces you to their parents and for some reason they don’t touch you and they don’t reach out to hug you, they just look at you like you’re some... way, I don’t know, that’s when I started noticing. And then I remember this one time in class, I was six or something, and came back and did some kind of exam, and this Indian kid was the brightest. And for some reason I performed better than him and his mom came to the school and threw such a big fit about it because it was impossible for us, we, Black people, it’s just hard for us to have a brain or something?

Given that in most other spaces she looked like most of the people around her, this experience stood out to Joey. She began to question this experience, and she started to notice that she did not feel “comfortable” in her classes at the time. Similarly to Alex, Joey left those interactions questioning herself and internalizing those messages, stating that “I thought maybe there was something wrong with me.”

In-group experiences of racism. Some of the participants discussed the ways in which bullying or other various forms of ostracization from within the groups and

cultures they belonged to also impacted their process of identifying with and connecting to their race. About half of the participants discussed ways in which they felt as if they did not fully fit in or feel that they could identify with their own racial groups. This left many of the participants without a sense of connection and belonging, caused some participants to reject their racial identities. This struggle was influenced by a number of factors. One element was associated with skin-tone, as some participants discussed being multiracial and how their lighter complexion influenced their ability to “pass” within their own racial groups. Some participants discussed being interested in things that may not have been considered acceptable within their cultural groups. Finally, other factors were associated with experiencing mental health concerns or engaging in behaviors that were considered uncharacteristic within communities of color.

Yvette and their friends in high school struggled with feeling as if they did not fit into their culture and community, despite all being Latinx individuals. This struggle seemed to be fueled by their experiences earlier on in elementary school and middle school where they were bullied by other Latinx students for presenting and acting in ways that may not have fit the more stereotypical ways that other people in their communities may have presented:

Yvette: I think a lot of issues started when I was younger, when I was in elementary and stuff because of all of this bullying and all that kind of stuff. It wasn't super bad, right? But I guess it affected me.

Yvette and their friends prioritized academics, and this caused more tension and distancing from other students and family members. To cope with the ostracization they felt, Yvette and their friends responded by not only distancing themselves from Latinx

culture through making fun of Latinx norms and mores, but also internalizing some of the racist messages that they heard regarding intelligence within Latinx communities.

Yvette: I think we kinda fostered the idea that everybody else was dumber. And we kinda at the same time, again, we kinda paired that idea that, “Oh, these people are dumber than us.” And since they were Brown we kinda, I guess, took that and said, “Brown people are dumb and if you identify with your culture, you’re dumb, and you gotta be like us.” And I think I was... it was horrible and it was very unhealthy but it’s, like, that’s what we were doing to cope with not being taken as a part of our culture and not being included, and stuff like that.

Zainab also discussed a number of experiences in which she received negative response from individuals with shared identities. She identified as a Muslim, which seemed to intersect with her Persian identity and culture. Due to having a multicultural family that did not always practice their culture in more traditional ways, Zainab did not always fit in with others that shared some of those identities. She discussed one particular experience that illustrated this intersectional judgment that at times she would receive:

Zainab: I guess one of the times in high school... I was talking to a kid that was also Muslim, and he had asked me if I had read the Qur'an before. And I was like, “Yeah I’ve read it,” but in English, so, not the real thing, you know? And he was like “Wow, you’re so White-washed,” and that was the first time that anyone had ever called me that? And so I was just, like, “What?!” (laughs) And I was, like, man, and felt really shitty. But also, I don’t know, he kind of had a point. I wasn’t, you know, I wasn’t taught to read it in Arabic, in the original. Um, but that also kinda wasn’t my fault. I don’t know, just not really being, feeling like I could stick up for myself in that moment too because I feel...I just felt like I had let my community down in a weird way.

Zainab went on further to discuss the ways in which others either saw her as “White-washed” or questioned her actually being Persian. Interestingly, she shared some of the complexity of this experience given that she is multiracial and White-passing:

Zainab: For that it’s mostly...it’s mostly just small microaggressions like...basically just people telling me that I don’t look Persian. That’s like the number one that I get. And I guess I get it so often now that I don’t (slight laugh) it kind of doesn’t bother me as much anymore because...because I’ve sort of

moved beyond that and I know—I just, I know that being White passing is such a huge advantage that it doesn't make sense for me to be complaining all that much about it?

Zainab clearly demonstrated the intricacy of this experience, and how she both understood why she may receive some of these microaggressions from others as well as the ways in which she benefits from being a White-passing person. What felt particularly salient however was her acknowledgement that while she may benefit from being a White-passing person, it caused her to feel left out and “othered” when other Persians in particular did not acknowledge her identity:

Zainab: Yeah so we'll go to a Persian bakery and the lady there will speak to me in English instead of Farsi. Umm, and that is, that kinda bums me out sometimes. Just when I go to Persian events and Persians are kind of looking at me. I actually did have a kid once directly be, like, “Why are you here?”

Theme 2: “I Thought I was Dealing with the Problem:” Exploration of Non-Suicidal Self-Injury

The second theme that emerged from the interview data was associated with NSSI use for the participants. They all described some of the various factors that influenced how they came to start using NSSI, such as experiences with bullying, trauma, and an overall difficulty with managing different negative experiences or distress. The subthemes here include (a) the influencing factors behind their NSSI use, (b) the function or meaning that NSSI use had for them, and lastly, (c) the ways in which engaging in those behaviors dictated or shaped the way that many of the participants were able to engage in their lives. This theme and the associated subthemes listed below specifically focuses on the experiences some of the participants had with their NSSI, rather than on the NSSI use that intersected more directly with their racial identities or racialized

experiences. That intersection is discussed at length in the following theme “Non-Suicidal Self-Injury and Connection to Racial Identity.”

Subtheme 1: Bullying and trauma: Influencing factors. A major contributing factor to the NSSI use was with regard to experiencing bullying, harassment, and their resulting trauma. For these participants, having to endure a substantial amount of ostracization and painful interpersonal interactions became too much to bear, and over time it began to negatively influence their self-worth. Self-harm became one way for them to cope with the emotional distress they had to withstand.

In particular, Ann shared going through a considerable amount of emotional, psychological, and physical bullying, starting from when she was in elementary school and continuing on into high school. Her experiences with bullying began with being threatened and then physically assaulted by a number of eighth grade boys when she was in first grade, and only progressed from there:

Ann: Like, I’m talking about lunch thrown at us, getting pushed, I had... It’s crazy ‘cause my ex-boyfriend has a cousin that went to that school, and his cousin bullied the hell outta me all through middle school. She would throw apples at my back, she would torture me, they would all circle me, kick me, all types of shit, throw their lunch at me, everything.

Rumors about Ann “snitching” on others only made things worse for her as she began getting voicemails from other students calling her “fat and ugly.” The bullying only escalated to the point where she shared that, “One time I was in a park and someone pulled a gun out on me.” The constant bullying and assaults began to take a toll on her:

Ann: I really just became hella sad and depressed and I would stay in my room and didn’t want to go to school anymore. I went to school maybe twice a week. I didn’t want to go, I was scared to go, and when I would go, sometimes I would just freak out and my mom would have to come pick me up. It just got to the point that I didn’t want to be outside of my house. Like, I had to turn off my

phone, my mom deleted all of my social media ‘cause they were messaging me and commenting on my stuff.

Ann was not able to escape the constant abuse while in school; she began to not only self-harm, but think about suicide and dying as a way to get away from it all. “Like, damn. This is what my life is supposed to be like. I’m not even supposed to be thinking about dying at this age.”

Bri additionally discussed how her trauma experiences influenced her engagement in NSSI. She, like Ann, had numerous experiences with, “Like, being assaulted and stuff like that, and harassed, and people saying stuff.” She shared that a significant amount of the harassment that she endured was sexual in nature, though chose not to provide more specific details: “Honestly it was, like, besides my uncle, it was more sexual remarks people would say rather than racist.” She discussed the state that these experiences left her in, naming that: “I just have had a hard life and for some reason decided to hurt myself instead of speaking out about how I’m hurting, basically.”

Joey also shared some of the trauma that she experienced that influenced her use of NSSI. At a young age she was sexually assaulted by a math tutor, and did not feel as if she was able to disclose to her family what had happened:

Joey: He touched me inappropriately and I couldn’t tell my parents, and the reason why I couldn’t tell my parents was because they were gonna say, “[redacted name] you just don’t like, you just don’t like studying, so you’re making up these lies to like cover it up.” So at that time, my older cousin, at that time she was about 25, she was staying with us. I told her about it and then she was, like, “Don’t tell these guys because they’ll think you just don’t want to study.

Given these responses, Joey was left to suffer her abuse in silence until, due to financial shifts, her family was no longer able to afford having him as a tutor. This experience, combined with having to transfer to a boarding school where she felt, “alone and very

misunderstood,” caused her to feel increasingly depressed. Having to be with this amount of sadness and pain eventually led to her engaging in NSSI behaviors. For these participants, this such engagement seemed to function for them as a protective coping skill, one that developed in reaction to the various traumas that they described experiencing.

Subtheme 2: Meaning of NSSI use. The participants described not only many of the factors that influenced their NSSI use, but also what that use meant to them. For many of them, what NSSI use meant to them was framed through how it served a role for them and what engaging in those behaviors were able to provide. This following subtheme is characterized by the following aspects; (a) the way that NSSI provided a sense of pain that allowed for the release of a difficult emotion and a sense of relief from the intensity of that emotion, (b), that it served as a distraction and gave them something else to focus on in moments of high distress, and finally (c) that it overall provided them with a something to help them cope with everything that was occurring in their lives.

Pain as a form of release and relief. The concept of feeling pain came up often as the participants described how they made sense of what their NSSI meant to them and what it provided to them.

Joey had been feeling depressed for quite some time, and did not have a way to manage the emotions she was experiencing. After being exposed to a few girls in her school that to her seemed, “shinier and brighter” after they engaged in NSSI behaviors, she thought that maybe NSSI would help her to feel better as well:

Joey: So when I cut myself for some reason, I don’t know, it was my coping mechanism. I just feel much better; none of it much mattered. I could breathe and I was just much better. And it didn’t matter if my breasts were small [laughs

slightly] or if I had pimples, it was just better. Nothing much mattered after that; I just felt much better.

For Joey, the NSSI behaviors provided her with a sense of calm that she had not previously experienced. Cutting not only helped her to feel better, it also provided her with the opportunity to step back from the things that were causing her distress and to feel as if they “didn’t matter.”

Riley discussed the almost universal elements of pain, as she reflected on how many people may connect to a similar experience when engaging in NSSI. She goes on to say how it can serve as a conduit to feel something else:

Riley: Pain is definitely something that is pretty common? ‘Cause it just releases that sort of energy or feeling just that moment. And to just, kinda, I wouldn’t say that I crave it, but, like, I don’t know, it’s just... Like people sometimes they just punch themselves, or they do something kinda to release something or just kind of remind them that they’re still here.

This process of finding a way to release some of the built-up energy or emotion that she felt helped Riley to find a way to cope with the depressive feelings she that she had to manage on her own. NSSI seemed to provide her with the opportunity to reground herself in the present and to recognize that “[she’s] still here.”

Alex shared a similar sentiment to Riley with regard to engaging in NSSI as a way to cope with the difficult emotions that result from the multitude of difficult experiences that she had. She discussed the ways in which she felt as if her NSSI provided her with momentary relief and at times functioned as a substitute for deeper processing of her emotional distress:

Alex: So I thought that, you know, in doing so, I was dealing with the problem. And I was, like, you know, if I... like self-harm was sort of... it was kind of like a replacement for me talking to someone I guess? So I was like, okay, in this moment I feel better, so the problem is done.

Alex went on to describe that while self-harm allowed her to gain some distance from more negatively-valenced feelings she had such as sadness or anger, the process was temporary and essentially functioning to shift her focus from, “one type of emotional pain, for a physical pain.” The pain-replacement process that Alex discussed provided the name for the subtheme below: “...now I have pain on top of pain.”

For Bri, NSSI provided her with a way to cope with a slew of distressing emotions, psychological symptoms, and difficult experiences. Those behaviors provided her with an opportunity to numb herself from, and not think about, what she was experiencing: “But in my head, it was, like, I literally didn’t think about anything.” Self-harming additionally allowed her space to stop caring about what was going on in her life, and to have a positive shift in her affect: “I was just, kind of careless and reckless and did whatever I wanted ‘cause I didn’t care. And then people were hurting me or whatever, so I just did that to feel better.”

Ann additionally connected to the phenomena that was discussed by many of the others. She, like other participants, felt this build-up of difficulty and eventually unbearable pain, and NSSI allowed her to feel a release and an opportunity to just be with a different, physical feeling:

Ann: And it was just, like, bottling everything up, feeling so much at once you want to feel something different, and I knew that... Well I don’t even know how it happened. I started with a little... It wasn’t even a razor it was just something small at first, and then I just started not giving a fuck at all.

Similarly to what Bri discussed above and what Alex discussed in the interview, at some point all three participants got to a point where they were careless in how they managed themselves. As their NSSI progressed and they continued to struggle, NSSI

became their main source of coping that provided them with a way to feel better and to gain some distance from any deeper level of caring. Zainab spoke to a combination of the functions that other participants described, as her NSSI behaviors seemed to serve several purposes for her. In many ways, cutting allowed her to experience an immediate release and sense of relief from a difficult emotion that she was feeling prior to her engaging in that behavior. Self-harm additionally provided her with a distraction from what was actually happening for her (whether that be the emotion itself or the event that influenced the emotion) and allowed her to have some distance from that experience:

Zainab: Umm, number one purpose probably just an immediate release of, of some sort of emotion. Umm, and you know it's instant gratification too. And also just, it also just, distraction with the pain. It was a really good balance of... you release emotions and you're distracting yourself with something tangible and physical. Umm, and also just... I really liked, I really liked the fact that I had scars afterwards 'cause it was proof of something, you know? Where as most... everything else that was just inner turmoil you can't... you know, you have nothing to show for any of that even if it's really, you know, ruining your day or your life.

Her last sentiment feels particularly poignant—self-harm and the associated scars were able to outwardly represent an internal struggle that may have been hard to intimate. The physical, tangible expression of an internal pain made outwardly plain served for her as “proof” that what she was experiencing was not tolerable.

Subtheme 3: Dictating life. This subtheme refers to the ways in which engaging in NSSI behaviors influenced not only their lives and served as a main source of coping, but that it also started to shape the ways that they behaved in their lives. Ann's words provide the title for this subtheme's first subsection, “You can't be seen as weak.” This subsection illustrates the ways that the perceptions of NSSI use, either in how the participants saw it or how others outside of them viewed those behaviors, influenced their

having to hide their NSSI use as well as the pain that informed it. This subsection also describes the ways that the participants had to readjust how they lived their lives in order to hide the self-harm behaviors they were using. The second subsection, titled “Addictive qualities of NSSI,” outlines the addictive properties that many of the participants experienced as they engaged in NSSI.

“You can’t be seen as weak.” A number of participants discussed the concept of weakness with regard to their self-harm use and mental health concerns. Many of them engaged in self-harm to manage their distress, feeling as if showing their pain or their self-harm use would be connected to being seen as weak.

For Ann, this process seemed to be multifaceted. On one hand, given the amount of bullying that she went through, outwardly showing others what she was struggling with did not seem to be an option for her, stating “I’m not going to cry in front of anybody to make it seem like I am weak and you have something over me.” Letting them know that she was being impacted by their abuse felt like giving them a sense of power over her. In another vein, she felt a pressure to be strong, partially because “Being African American you can’t be seen as weak,” and also to show that she could come out stronger for going through such turmoil:

Ann: “I never really let people... I didn’t tell anybody that I was cutting. I was low key ashamed, I didn’t want to disappoint my family, you know. ‘Cause they knew me as this strong girl. Like, “You are going through this for a reason, this is going to benefit you.” I feel now, like, yes, what I went through is going to help other people. But it’s... being so young and dealing with that... that’s, you’re not going to grow up right. That’s never going to go away, you know?”

Yvette talked about a similar process to Ann, naming that they did not feel that being open about their engagement in NSSI would be received well by those around them.

Yvette: “Yeah, and I think that kind of just pushed me to... yeah, I’m not going to say anything because then I started seeing it as, “if you are doing that kind of stuff you are weak.” So, I was just trying to form an idea of what it meant to do that stuff, all that self-harm.

The resulting impacts of this process left many of the participants with having to reflect on the ways in which their self-harm behaviors and associated consequences (i.e., scars, marks, skin discoloration) shaped the ways in which they were able to engage in the various aspects of their lives. Not only were they in the position of having to hide their pain and the NSSI behaviors they were using to try and cope, they now had to reflect on how to navigate their worlds while hiding. Having to be thoughtful about the types of clothes that they wore, or what aspects of their bodies that they were showing, were common experiences that many participants discussed.

At various points in his interview, Luis named how initially he hid his NSSI from his family. Much of his experience since he initially used NSSI consisted of a combination of hiding what he had done and trying to find a way to make up for using NSSI in the first place:

Luis: And from that point on I was just living with myself and the stuff I had done to myself, and hiding it away and such ever since. I guess in a way I was trying to improve, I guess, the scars by excelling at other stuff, I was at least trying to improve in other areas where I could.

For Luis, the behaviors did not just seem to dictate how he engaged with himself at the time he initially self-harmed, they essentially drove his desire from then on to be a different, better person.

Riley discussed a number of factors that influenced why she hid her NSSI behaviors. She named how she had to find ways to wear different clothing and to navigate being in different extra-curricular activities where her scars might show.

Additionally, she shared some of the systemic reasons as to why she felt that much more compelled to hide her NSSI:

Riley: For me it was definitely difficult especially because I was a swimmer, and so a lot of my skin was showing as well, and trying to figure out what to do around that piece too... so that no one can see because of the school system and seeing something, especially as a PoC, the DHS would get involved and there's a lot of services that bring more harm.

Alex additionally named her experience with hiding her self-harm behaviors, and how they strongly impacted how she felt as if her NSSI use limited how she was able to engage in her life:

Alex: And not necessarily the actual act of self-harm, but sort of... It dictated how I lived my life, I guess. (Pause) Like, for example I couldn't... I had to be very cautious about the things that I wore or how I sort of treated myself. I guess in a way? And it started to overtake me to the point where I was kind of... I started to believe that this will be who I am for the rest of my life.

Addictive qualities of NSSI. A few of the participants spoke explicitly about the addictive qualities that their NSSI use had for them. They experienced a combination of factors around these addictive qualities, from feeling this urge to engage in the behaviors that felt uncontrollable at times, to feeling as if the mental pull of what NSSI was able to provide them would be something that they would have to continually fight against.

Ann spoke to the uncontrollable nature of her NSSI, and how the urge to keep engaging in those behaviors and to feel what they were able to provide for her helped her to notice the addictive qualities of the behaviors:

Ann: I would... once you start, it's like you can't stop, it's an addiction kind of. You get so... you know when you're hurting so bad on the inside, it's, like, I want to feel what real pain feels like, you know?

Bri shared a similar sentiment to Ann regarding the ways in which her self-harm behaviors also had an addictive quality to them. "It was a mind thing... I don't know, I

just kind of after a while it was a routine, it was, like, I was just addicted to doing it 'cause it made me feel better.”

Zainab briefly mentioned the addictive quality that her self-harm behaviors had for her, and that while she would go longer periods of time without engaging in NSSI, a difficult and stressful experience would occur for her and she would eventually end up cutting to cope: “I mean I think it’s something that, it’s probably an urge... I mean, I think it’s probably the one thing I’m addicted to. I think it’s an urge that I’ll always have to be fighting for in some compacity.”

Theme 3: The Intersection between Race and Non-Suicidal Self-Injury

NSSI and how it seemed to connect to the experiences that the participants had as people of color appeared to be complex and multifaceted. All but one of the participants discussed the link and the complexity between NSSI and their racial identities. Some of the more salient subthemes that emerged from their interviews included: (a) the process of internalizing oppression and racist experiences, as if they “deserved” to be engaging in self-harm behaviors; (b) the compounding process of managing discrimination, emotional distress, and the subsequent compounding impact of further NSSI; (c) the lack of belonging or feeling misunderstood; and (d) lasting comparisons to and their impact on their self-worth.

Subtheme 1: Internalized racism and oppression: “I deserved it”. Many of the participants struggled with navigating the intersectionality of their racial identity and the ways in which they were treated by others. Some of their self-harm behaviors were in response to racist beliefs or messages that they had been exposed to in the media. For

others, more direct and personal experiences of oppression, bullying, or trauma impacted their process of internalizing what was happening to them. All in their own way acknowledged the belief that they deserved the pain that they had inflicted upon themselves.

For Ann, the constant abuse and bullying she endured, at times because of her race and at other times for reasons that felt more connected to other interpersonal conflict, began to shape how she felt about herself. She started to internalize and believe that she deserved the bullying that she had tolerated for years, and her self-harming became a way to essentially validate the pain that others had caused her.

Ann: “So, I don’t know. And I think that’s when I really started to do, that ‘cause it was in middle school. And then I started to do it, and then I just got so comfortable just cutting myself all the time. ‘Cause to me it was, like, I deserved it.”

Alex’s experience of internalized oppression paralleled what Ann described, as she also began to blame herself for the negative interpersonal experiences and discrimination that she endured. She often asked herself, “Why did I have to be Black and gay? Why couldn’t I just be one of those things at a time?” which seemed to influence some of her self-directed anger that was discussed above. She seemed to be trying to seek a rationale to authenticate the hardships she’d had and would continue to have throughout the rest of her life:

Alex: Umm, I... I guess I was just sort of... for a long time blaming myself for the way other people treated me. And sort of thing, like, you know, everything that's going on in my life, is my fault even though I really didn't do anything. And it was also a lot of, you know, my life is gonna be hard for the rest of my life because of these two things.

Alex sat with a lot of self-directed anger and judgment about herself, despite knowing that she had not done anything to deserve the discriminatory treatment that she received.

For Luis as well, a significant driving factor behind his NSSI use was connected to the views he had about himself and other people of color. His initial motivation for scratching himself with a needle was, “to get lighter skin.” He further explained his thought process and struggle at the time:

Luis: If I look at people of other colors than me, I always thought Brown and dark was the lowest rank, from the culture of, you know, the students have in school. Constantly going through racism, or if not indirect, like, common. And that probably... that along with, you know, what I was going through with myself, how I was thinking, how my mindset was. It was all coming, it was all happening at the same time in middle school.

His comparison of students of color to White students, in addition to the ways in which he internalized the oppressive societal messages that he was somehow not good enough because of his skin color, had a strong negative influence on him:

Luis: As I was doing that, I think at that point I was realizing that, hey, the reason why I was doing this to myself because I was trying to get rid of the skin color that I have because from what I saw, seeing as I grew up was that it was bad, you know all of these things.

Lastly, Zainab discussed the complicated ways in which her NSSI served her, and similar to the participants above, she engaged in those behaviors at times as a way to punish herself. Zainab further named the experience of seeing herself as “less than” and internalizing the idea that she is deficient in some way:

Zainab: Sometimes it might have been kind of punishment too. If I... I remember very strongly where I was in orchestra in high school, and, umm, I really totally botched this audition and I was so embarrassed. And I was crying so I just ran straight to the bathroom in the high school and just started cutting up my forearm. That was sort of... it was so... it was so cathartic cause it was distraction, release, and also a way of punishing myself for just being so horribly inadequate.

Subtheme 2: “Now I have pain on top of pain.” Alex’s experience with self-harm and the self-directed anger associated with trying to make sense of her identities provide the name of this subtheme. She discussed at length the ways in which she was

trying both to manage and to escape from the emotional pain that resulted from her struggle with trying to make sense of how to engage in a society that devalues her intersecting identities. She eventually began to reflect more on the function of her NSSI, and what it was actually providing for her:

Alex: I think it finally took me sort of realizing... that I wasn't actually helping myself in anyway? I think it took me being sort of, you know, I had to kind of sit down with myself in a way and think, "What has this actually done to make your life better in any way?" And I realized that the same, the things I was using, or the things I was sort of running away from, were still there. So it was, like, now I have pain on top of pain, which makes me twice as worse off, I guess.

Alex began to recognize that her using NSSI behaviors was only exacerbating the distress she was experiencing due to the internal and external conflicts she experienced with her marginalized identities. She was experiencing emotional turmoil as she tried to reconcile being both Black and gay; through her process of looking more critically at the functions of her NSSI, she was able to see the exponential impacts that such behaviors had for her.

Luis engaged in NSSI behaviors in order to try to and make his skin lighter. He was, similarly to Alex, trying to cope with the internalized stigma that resulted from seeing other Latinx people being discriminated against. Unfortunately, his self-harm did not seem to solve this issue for him and instead eventually added to his shame in a different way, stating that, "I was trying to supposedly fix what was wrong with me, but I was making it worse." Not only was he left with scars that he repeatedly spoke about now having to bear for the rest of his life, but he was left with a desire to make up for the ways in which his NSSI now just added to his struggle.

Subtheme 3: Feeling misunderstood and a lack of belonging. Many of the participants discussed the roles of understanding and belonging in their experiences with their racial identities and their NSSI behaviors. A number of close people in their lives

were not able to fully grasp why they would choose to engage in NSSI behaviors. This misunderstanding was compounded by the fact that their cultural and racial identities, as well as the collective identities of their families and communities, at times fostered beliefs that those behaviors were bad or wrong in some way.

Alex connected her struggle with the intersection of her Black and gay identities as contributing factors to the anger that she felt, which influenced her NSSI use. She named feeling angry about the ways in which those identities felt as if they were either dismissed or unaccepted by those around her:

Alex: And, it was sort of almost... like, me trying to prove myself to other people or sort of say, “This is who I am,” and people being... not believing me, I guess, is where a lot of it came from.

Those around Alex seemed to question her sexual orientation, which forced her into having to defend and explain who she was in order to feel seen and understood. This process around proving and explaining who she was as a person got more complicated when her Black identity was additionally considered, and resulted in her feeling like she had to choose between belonging to one group or the other:

Alex: And, so I sort of was, like, “Oh, you know, I can either be Black, or I can be gay.” I can’t be both of those things.” And so it was sort of a big piece of me trying to accept myself, I guess, in being both of those things and having to deal with different pieces of a person at one time.

This process left Alex in an emotionally difficult place and with a lot of self-directed anger as she tried to navigate which parts of herself she could identify with and belong to at a time.

Yvette additionally named feeling misunderstood as an influencing factor in their self-harm use. They felt fairly disconnected from their Mexican culture, and when they began to struggle more evidently with depression, the stigma around mental health

influenced who they could talk to: “A lot of people in my culture don’t really believe in mental health problems, like, just say pray it away and things like that.” This belief was also held by their parents, who when they tried to reach out for support, would tell them to “ignore it and things like that.” Yvette felt that since their friends were already rejecting their culture, they would not be able to fully understand the intersection of Yvette’s “issues” with aspects of their culture and how that influenced their self-harm behaviors: “That led to that, and I couldn’t really explain that to them because they had disconnected so much that they wouldn’t have understood that.” This situation left Yvette feeling misunderstood by and disconnected from their culture and thus engaging in NSSI, which sent them right back to feeling disconnected and misunderstood all the more:

Yvette: Um, I think it might have meant something to break away even more, ‘cause I guess that was something... Like, okay because throughout this time I didn’t feel connected, and this was going to be something... not just something I felt but now something you could see. Like, now y’all see that I don’t connect with y’all because y’all say that this stuff is not a part of our culture, and we don’t do this kind of stuff in our culture.

NSSI provided Yvette with an avenue to explicitly display just how much they felt like they did connect with their identity and culture. As they did not believe that NSSI behaviors was typically associated with Latinx culture, engaging in those actions signified the disconnection they felt.

Zainab’s experiences additionally touched on this subtheme of not feeling a sense of belonging within her culture, with the intersection of her identities her NSSI use influencing that feeling. She often felt drawn to stories, books, and movies with characters that engaged in various forms of NSSI yet named that because those characters were predominately White, she still was often left feeling like an anomaly. Zainab named a particularly salient experience for her that informed that particular feeling:

Zainab: This author had written one about a girl who self-harmed, a White girl, and then she wrote this other one, that was about a White girl who was anorexic. And I remember specifically in that book where, the girls in the hospital—she's hospitalized for her Anorexia—and she has a roommate who is also in the hospital who's a Black girl. And the Black girl's saying something, like, "You know, we don't have these sorts of problems. These sorts of problems only effect White people," basically. Because White people have the luxury of starving themselves, kind of... It was worded differently but that was my main take away, where I was, like, "Wow." Umm, (laughs) "I don't know what's wrong with me then..." Even though Anorexia is different than cutting it's still, it's still a form of harming yourself. Yeah so I just... I don't know. I just always felt like this weird outlier.

Joey's experiences with her NSSI use were similar to Zainab in a number of ways. Given the negative cultural messages in Uganda regarding mental health concerns, depression, and suicide, Joey was left feeling that those around her could not understand what she was experiencing. She shared that her friends, despite their seeing the impact that her NSSI behaviors were having on her (as she shared that she ended up being suspended from her boarding school for a period of time due to engaging in those behaviors), were unable to make sense of her emotional struggles:

Joey: Even then, they didn't understand that because these are new things, of course someone's going to suffer. Like I said, people in Uganda don't know why people cut themselves when they are feeling sad. They don't know that... even the older generation, they just thought of it as being attacked by evil spirits. It's just been such a struggle.

Theme 4: "Because she wouldn't understand:" When Support is Missing

Another theme that emerged from the interviews regarded the ways in which the participants felt as though something was missing for them as they tried to find ways to manage the emotional distress that arose from their NSSI use and from negative race-based experiences. Many of the participants described that part of their experiences

included a lack of appropriate support. This theme was separated into two subthemes to delineate (a) the familial support that they were seeking from (b) the more community or systemically-based supports that they could have used. These subthemes are further discussed below.

Subtheme 1: Lack of support from the family. One of the major subthemes that the participants described when reflecting on the support that they felt was lacking during this time of struggle in their lives at times was with their families. The lack of support manifested in a number of ways, at times through not knowing what or how to give the participants what they needed and at other times through not being able to connect with the struggle that the participants were experiencing. The participants described a number of impacts that resulted from this lack of support, including feeling lonely, as if they did not fit in with their families, feeling misunderstood, and overall a lack of connection with others that was often desired.

Joey particularly struggled with not being able to garner support from her family for the things she was struggling with at the time. She described times when her father would jokingly minimize her sexual assault experiences, stating that he could not understand the impact that these had on her. Given the previous ways in which she had been responded to when she disclosed difficult experiences, in conjunction with the lack of understanding that was present in Ugandan culture surrounding mental health, she felt unable to talk with her mother about what she was going through:

Joey: I wanted to sit down and actually... for some reason I felt like I needed to tell my mom these things. You know, the thing was I really wanted to talk to her about these things but I knew I couldn't because she wouldn't understand.

She was left lacking familial support and understanding as she tried to make sense of the hardships she was enduring.

Alex discussed this subtheme being present in describing her relationship with her mother. She acknowledged the ways in which her mother was present and active in being there for her, yet due Alex holding back from asking for support, her mother was unsure of what to provide Alex:

Alex: Um, I really didn't have any sort of support in a way that I think that I needed support. Like, my mother was always my biggest supporter but she really didn't have any sort of idea of what I needed? Because I didn't really communicate with her well enough to be... "I need you to be here for me because I am going through this thing."

This was a two-fold process: on the one hand, Alex struggled to be fully transparent and communicate her difficulties and distress in a way that her mother could fully understand, which resulted in the care that her mother did try to provide at times not feeling as if it was not enough of what Alex truly needed.

Bri briefly named that the support she had received from her family was mixed. As will be further described below, her father was her main sense of familial support. Yet her mother and stepmother were not only unsupportive, but were at times harmful and neglectful. When alluding to a sexual assault experience she had in high school, she shared that both her mother and step-mother "laughed" when told. Such neglect also occurred for her in regard to her NSSI behaviors: "Umm, my dad didn't know anything, and he... yeah, he didn't know anything. And then my mom knew, but she didn't do anything about it." These experiences left Bri to have to figure things out on her own: "Yeah, I kind of just took care of myself when I was younger 'cause my dad worked all of the time, and my mom was neglectful."

Zainab discussed struggling with a related dynamic to Alex, in feeling that she was not able to be fully transparent about her NSSI with the family members in her life that she otherwise felt supported by and connected to. In particular, she discussed having a close relationship with her younger sister, but given what she was going through and what behaviors she was engaging in, she did not feel as if it were something she could discuss with that sister:

Zainab: I mean, I do have siblings that I'm close to... I'm really close with my younger sister, but... I... those sorts of deeper feelings aren't... aren't anything I would have considered, kind of putting onto her, you know? 'Cause, I don't know, I just felt that responsibility as the older sibling.

Given the responsibilities of being the older sister, Zainab did not feel as if she could or should ask her sister to support her with the “deeper feelings” that were influencing her self-harm behaviors.

Riley named a few different ways in which she was not able feel fully supported in her family. “Depression is pretty common” in Riley’s family, yet it was not talked about among them. She noted that this caused some incongruence for her, given her reflection on trying to navigate a culture-related “generation thing.” This generational piece, in addition to the contradictions that she felt many first-generation Asian American people have to navigate, leave them without “the same support as those who are White and those parents are more involved.”

In addition to ways in which Riley did not feel as if she had the familial support system she needed with regard to her mental health concerns or struggles, she additionally did not feel as if she fit in with her family with regard to academic success: “I also didn’t really fit in with the model minority and most of, like, family members were smart and got 4.0s, and here I was struggling but pretending that I was doing just as

good as well.” This lack of fitting in added to the ways in which she did not have the support she needed from her family.

Yvette expressed that a lack of support and understanding played a fairly integral role in the way that they struggled with not only their NSSI behaviors, but with their sense of connection to their identity and culture. Given the perspective Yvette held about how their family connected to the Mexican culture that they were at the time struggling to identify with and the associated stigmas that culture held about mental illness and struggle, they did not feel as if their family was a place to seek support:

Yvette: Yeah, because I know that there was a lot of people that would do this self-harm stuff, and then they would tell their parents the things. I just never... I guess it just never worked for me to do that because even if I had told them, I don't think they would have understood. Even to this point I haven't said anything about that kind of stuff. I don't think they would have understood it. When I was going through that, I remember my dad used to be a band director in Mexico, and he brought up how one of his students was doing that stuff and the Mom came to talk to him because, I don't know what. And he basically said that what she was doing was stupid and I was just sitting there, like, “whoa, so you think I'm stupid.”

This response not only kept Yvette from feeling as if they could seek support, the judgement around NSSI behaviors being “stupid” led to further isolation and distancing from their family:

Yvette: And I think I kind of just secluded myself from my family and things like that. And I wouldn't talk to any of my sisters really or cousins about stuff. And, 'cause I guess I saw them all as the same... as in y'all won't get it. Yeah, it was only just me, I guess, that would understand what I was going through and things like that.

Yvette noted another important factor related to their experience with missing family support. They spoke specifically to the ways in which parents and families, given

the impact that they can have on the well-being of their teens and kids, offering that support in the home could make a significant difference:

Yvette: And I think that, the whole parent stuff could have helped too, if our parents would have... I think I don't just speak for my parents 'cause I've met a lot of people here where I'm from that have the same issue with their parents, that they can't really talk about things. And when they try to they always get, "no just forget it," or "no, you shouldn't, that's just wrong," instead of actually getting help for their kids. I think if that support system was coming from them that would have been... I guess even more important than getting help at school.

Like many of the other participants, Ann's family also struggled to understand what she was going through. It was hard for them to "put their grasp on it" and to realize that she was engaging in self-harm behaviors as a way to cope with the external pain that she was feeling. Her mom in particular tried her best to help her when the self-harm behaviors and eventual suicidal ideation began to become unmanageable. Yet for Ann, the ways in which she demonstrated support were not quite what she needed:

Ann: I had my mom check me, and make me sleep with the door open, she took away all of my pillows, she took away all of my razors, I had to ask for them. She took away anything sharp, she had all the medicines I got. So, it was like, I had no choice but to stop to get my privacy back... to get treated like normal, so. And I know at the end of the day she was doing it to look out for me, 'cause who knows what I would have done if it was out. But, at the same time, I just needed... her, not a doctor you know? I needed what I had in there, I needed my mom.

Subtheme 2: Lack of community and connection. Missing community support and connection represents the second subtheme that emerged from the participants' experiences. A number of them discussed the ways in which they did not feel supported by their social communities, which included having a lack of supportive friendships and feeling as if their local communities did not provide them with what they may have needed.

Luis seemed to lack a sense of connection to a group of people or form of community that paralleled his own sense of self while in middle school and high school. He found himself trying to engage in groups that he did not feel as if he fully belonged to, truly fit who he was, or how he saw himself. He excelled academically yet did not appear to have spaces where the academically-inclined parts of his personality could fully intersect with his racial identity. He was left to try to move between trying to fit into a stereotypical representation of his Latinx identity or his academic identity:

Luis: I knew that this was going to be a big conflict to what I was trying to portray a self-image of, you know, when I was trying to be a gangster or something. So I decided you know, I really didn't want to be that person anyways so I just stuck with school, which I'm good at. I guess I stuck it out, stuck through, I decided to move up in my math class.

Joey additionally shared her experience with struggling to find community and connection during adolescence. She shared that while she was at boarding school she did not have very many friends, which left her to feel disconnected and alone. Within this context, she discussed the role that belonging to different tribes played in this process for her. She came from a particular tribe that was less invested in building community, stating that, "For us, for people from central Uganda, no one cared about making a special circle or getting to know the other person, everyone was just in their own thing." Because of this cultural norm, if one wanted to have community, "You had to find out like stuff with other tribes so they would kind of let you in to their small circles."

Yvette struggled to feel as if they fully connected with their culture and community as well, largely due to their mental health concerns and the ways in which they engaged in their culture differently from others. So while in some ways finally experiencing more diverse images of Latinx culture played a significant role in their

process with connecting to their racial identity, conversely the initial lack of diverse cultural representation with regard to Latinx individuals experiencing mental health concerns influenced their process around feeling connected:

Yvette: Before, yeah I guess before I was just kind of stuck in between. I just didn't really know that I had a problem or that it was an issue in my community. It wasn't until like I developed more severe symptoms of stuff that I kind of realized that like, oh I can't really talk to anybody about this 'cause they wouldn't really understand what I'm trying to say. Or like they wouldn't be able to help me. 'Cause before I guess I was just kind of in the middle and it wasn't important to identify with anything.

This concern that they would not be understood (which felt substantiated by a number of experiences that were described in the aforementioned themes) or helped by those in their community left them in a difficult place of having to navigate their mental health concerns and the disconnection from their culture on their own.

As discussed in an earlier theme, Riley spoke about being left to try and figure out how to manage and cope with the stress and pain she felt that influenced her NSSI use. More specifically, she named that the intersection of her interpersonal style and the lack of friendships with other people of color meant that she did not have a social support system that could more personally understand what she was going through:

Riley: And also having a lack of support from there and being an introvert and not having many close friends, who were also mostly White, I couldn't really share that, my side of the story or my experiences 'cause they wouldn't exactly understand.

Zainab spoke to the ways in which the community environment that she was in and her lack of close friendships both impacted her. One of the aspects of her experience was her overall feeling as if she did not have the support system that she really needed at the time when she began to self-harm. Her transition from the South to the Pacific

Northwest was difficult, as there were significant differences in how her peers acted and the cultures of those two locations. This, in conjunction to having some family rules that limited her ability to invite people to her home or to visit theirs, stunted her ability to form friendships. “It was just... it was just a stressful time and I didn’t feel like I had a support system, I guess. You know, I had some friends at school, but... it wasn’t really—they weren’t really deep friendships.” Overall, the lack of social support systems outside of their families had an additional impact on the ways in which many participants were able to seek help for their struggles with NSSI and their processes with racial identity development.

Theme 5: When Support is Provided

In spite of all that the participants went through, there nevertheless were a significant number of spaces and people that provided the participants with support. All of the participants discussed the role that external support also played in their ability to make sense of their identities, their experiences with self-harm, and the intersection of the two. Some of them were able to lean on family members to be there in their moments of need, knowing that they would be there for them in the best ways that those individuals could. Others sought out friendships, whether in person or through online communities, for a sense of solidarity, encouragement, or just an opportunity to take a break from the intensity of what they were going through. Professors, teachers, and mentors also played a significant role in the lives of some of the participants, helping them to succeed and providing them with positive images to look up to. And lastly, being in broader communities of color allowed many of the participants to feel a sense of comfort in themselves and a deeper sense of connection to their racial and cultural groups.

Subtheme 1: Friends and family. Many of the participants discussed the importance of receiving support from their friends and family. These interpersonal connections provided them with the opportunity to feel understood and heard when they may not have felt that way in other contexts. These relationships also served to help the participants to make sense of themselves, their struggles with their identities, and their experiences with NSSI.

Joey shared the importance of finding the people that she “fit in” with. So much of her adolescent years were spent feeling as if she was in a “different place” than many of the peers that she was around. During her junior year of high school, these dynamics started to shift for her. In her words, she started “fitting in,” getting “mixed” friends, and things began to move slowly in a positive direction for her. She was able to disregard some of the judgment that she received from others and “just find [her] way of fitting in.”

Luis discussed his process around recognizing which environments were not fitting for him, and how he came to find ones that did. As noted earlier he did not feel as if he connected with some of the more negative stereotypical roles that were available to him, so he sought out other pathways to find connection: “You know, I joined the swim team so I made friends. Also tennis, I made friends there, so I got to interact with people I normally wouldn't be interacting with.” Finding these friendships and having activities to focus on helped him find other ways to cope with the experiences that influenced his NSSI use.

Despite having some difficult experiences with being betrayed by some of her friends, Ann pointed to the importance of friendships when it came to her finding connection and support with regard to her connection to her Black identity:

Ann: I feel like that was a big thing too, because I was really close with a lot of people, and every single day hang out... and all my friends were Black so. I was always the White one though, you know 'cause I was mixed? But those were the people that I always felt comfortable with.

Some of these friendships not only served as a place for Ann to feel affirmed in her racial identity, they also provided her with a sense of consolation and compassion as she was trying to navigate her NSSI use and mental health struggles. When it came to her overcoming her NSSI use and fall-out from all that she had to go through in high school, Ann was able to depend on one friend through it all:

Ann: Well, I had one really, really, really supportive friend. We're still friends to this day. We work at the same place. He was the only one I could call, and literally cry, and he would show up. Not even as, like, a kiss or to have any like feelings or anything, but just as a best friend.

This friend is still in her life, and he in fact encouraged her to participate in this study. For Ann, this friendship helped her to realize that she did not need to try and maintain the previous relationships with her other so-called friends who bullied her and added to the emotional turmoil she went through in middle and high school: "Like, that's the type of person I needed in middle school. I'm just grateful to have him and have my family now be so supportive. 'Cause it just made me realize I didn't need those friends, you know?"

Zainab talked about her friendships, particularly those she gained after high school being supportive for her in a multitude of ways. Some helped her connect to her Persian identity in a more nuanced and open way, which helped to counter-balance some

of the microaggressive encounters she described experiencing from White and other Persian or Iranian people:

Zainab: Yeah, it's hard. But... but then I do have, you know, all of my friends. And some of them are Persian and they totally accept me. So really it doesn't matter so much what the masses of people think, I know that.

She additionally described the ways in which some of these friends were there to help her connect with therapy and to feel less stigmatized for seeking that type of support during her undergraduate years:

Zainab: I was also finally around people that I was having deeper connections with, and having, you know, getting good friends. So that, you know, motivated me to actually find a therapist and start seeing someone... And my friends, they had been to therapy before or were on medication so that made it less of... less of like a strange thing, or like less embarrassing.

Being around other people who had sought out some sort of mental health support helped to normalize the process around seeking help for Zainab.

Yvette had their own normalizing process occur when they started seeking support by building connections and friendships with people online. They noted how being able to talk with other Latinx people who also had a difficult time connecting to their culture helped Yvette to feel less abnormal for feeling disconnected and engaging in NSSI:

Yvette: I think I just started reaching out to people online and stuff, (laughs) and making online friends and things like that... with other people really. Some of them were White, but I think... I'm pretty surprised still that I actually found other Latinx people who kind of felt the same; that they didn't really connect at all. I think that's something that kind of helped me through it, because it made me feel more normal and more okay, so there's people that are like me, you know. Which is kind of the same way with the friends that I had back in school that didn't connect either.

As Yvette further reflected on the role that these friendships played for them, they noted the lack of those connections and the chance to feel understood played a “big part” in initial NSSI use. Those relationships played an important role in helping Yvette find ways to reconnect to their culture and cope with and decrease their NSSI behaviors.

A number of participants discussed not only the friendships that provided them with a sense of support, but also the family members who were there for them as well. These connections provided similar forms of support as the friendships discussed above. Often, the familial relationships were a little more complicated than the friendships that were named, as most of the participants described ways in which their family members did and did not meet some of their needs. And despite this nuance, the participants still labeled these familial relationships as supportive.

Ann named a number of relationships where she was able to find support and connection; she discussed her relationship with her mother as a being one of the most encouraging:

Ann: “Well, my Mom was always a supporter, definitely. ‘Cause we went to a majority of a Black church, so it was hard for people in the church to accept her because she was White. But even after that she just always taught us... everything. She taught us everything. Like, how to be a lady, and how to, you know, just to love ourselves, it doesn’t matter. So that was the number one thing... she was a number one supporter especially.”

Ann truly valued the relationship she had with her mother, and even in moments when her mom responded with more strict rules, Ann was able to trust that the intention behind those rules was to help keep her safe after her hospitalization. Her relationship with her mother also served as a preventive measure against using NSSI:

Ann: I have a tattoo that says love yourself in my mother's handwriting, and that's another thing that prevents me.... Yeah. It's just something that I know, not that she wouldn't be proud of me, she'd be disappointed in that, I'm better than this.

She completely was like, "Yeah. I think you should get it if it helps you." You know? It's just always a reminder thing too, and I love my mom, so.

Alex also mentioned that her mother was her “biggest supporter,” and particularly discussed how much she played an integral role in her understanding of her racial identity and the associated dynamics that influenced how she was treated in the world. She and her mother would talk about different things that they either experienced or saw, and through those conversations Alex was able to have a fuller understanding of that part of her identity.

Bri named her father as a significant supporter for her through the multitude of difficult experiences that she went through. She particularly named the ways in which he provided her support when she experienced discrimination in high school: “He was kind of...I don’t know, he would just go to the school and stuff if there was a problem. And then when I got older he just kind of talks or says what you’re supposed to do.” Given the experiences that she had with experiencing racist remarks from one family member and being consistently dismissed by her mother and step-mother, her father was the primary person in her life to help her through when she chose to share what was occurring.

Subtheme 2: Community and academic support. Being able to connect to larger communities of color was an important aspect of a number the of participants’ experiences. These opportunities were sometimes informal, such as being in spaces that predominately consisted of people of color, and sometimes they were more organized, such as community programs and mentorship activities. Many of the participants noted that these supported them in finding a way to make sense of their racial and cultural identities and to find belonging, but also when it came to seeking support and connection when trying to find a way to cope with their mental health concerns and NSSI behaviors.

Ann, for example, talked at length about the contexts that allowed her to feel more comfortable with herself and supported. It felt really important for her to be in spaces with other people of color, as she tended to feel more “nervous” in spaces “with a whole bunch of White people.” Being in close community with other people of color and folks that essentially looked more like her helped her feel comfortable with herself.

Ann: I always had people of color around me. So, I feel that’s just where I felt comfortable. Like, when I am in a room with a whole bunch of people of color, I’m like, “Okay, I’m cool”, but if I’m with a whole bunch of White people I’m gonna feel uncomfortable, you know? Like, I’m going to get nervous. And it’s just I feel when you see someone that looks like you, you feel comfortable ‘cause you know you’re not the only one.”

Throughout the interview Riley used a significant amount of “we” language when talking about many of her experiences, which likely communicated the importance of community, shared experience, and connection for her. There were a number of ways in which she felt that being in community with others was a supportive for her. She discussed the ways in which being in groups and organizations that predominately consisted of people of color allowed her to have opportunities to connect in a more relaxed way:

Riley: Um...I think it was finding similar activities, umm, that we like or something that we all enjoy. And so it can be as simple as going out to eat to step away from whatever we’re feeling, and just to focus on something else. But then knowing that if we want to start talking about our feelings or anything that’s happening, we can share that ‘cause it’s a safe space... a safe and learning space.

These spaces empowered Riley to seek deeper forms of connection and shared support as well:

Riley: And so, figuring out who are the people that are really supportive, and then the people who were comfortable sharing their stories definitely has helped in a way of... you are not alone. And we can work on it together, “This is what worked

for me and obviously it might not work for you, but we can definitely figure out what might work for you, whenever you're ready."

Lastly, the final aspect of community-related support that a number of people discussed was through mentorship and academic avenues. Often this form of support occurred through individuals that the participants either looked up to or gained a more structured and directed form of support from, such as teachers and professors. These relationships provided the participants with the opportunity to gain encouragement as they navigated their self-growth and identity exploration.

Ann briefly discussed that she was able to gain some support through connections with academic programming, which provided her with mentors to look up to:

Ann: My mentors too, 'cause I had a lot of mentors- I was in a programs... like, Upward Bound and other stuff like SCI and stuff like that. That was a big thing too, having those people to look up to. More people to look up to.

She mentioned these mentors when reflecting on the people in her life who have supported her as she was gaining a better sense of her racial identity.

While in her undergraduate program, Zainab made an intentional choice to study Farsi as a way to further connect with her culture and identity. As noted earlier, given that she is White-passing, she often felt unwelcome or questioned when trying to engage in Persian or Iranian spaces. In addition to some of the friendships she was able to gain at that time which helped her feel more connected to her culture, she noted that: "I had some—all of my professors were awesome and really supportive."

Luis also spoke to the role that academic support played in his ability to both cope with his NSSI use and to connect to other aspects of himself to manage the low self-esteem that influenced those behaviors. He spoke frankly about the ways in which he believed some of the messages regarding Latinx people as being "dumb," which only

added to his low self-esteem. The “constant support” from his teachers in middle and high school helped him to challenge those beliefs:

Luis: Well, because of what I saw on the TV, I guess I realized... well I didn't then but, my self-esteem was going down and I wasn't as good enough for others. I wasn't, you know... I wasn't good enough, I guess. That's what I thought about myself... I'm probably not smart enough for others, I'll just live through life, grow up, live through high school and all that stuff. But on the way there were just some, you know, random good acts of kindness from teachers and stuff that helped me realize that maybe I should not be putting myself down.

The various forms of support that the participants were able to receive played considerable roles in their process. These connections allowed them to gain a better sense of themselves, to feel more understood and accepted for who they were, and they overall provided pathways that allowed them to seek other forms of coping as opposed to using NSSI.

Theme 6: We Shall Overcome!

The final theme that emerged from the interviews focuses on the participants' experiences with overcoming the various factors that fed into their use of NSSI behaviors in the first place. This theme is broken up into three subthemes: (a) “Finding other ways to cope,” (b) “Discovery of self-worth,” and (c) “Gaining self-acceptance.” All but one of the participants described the intrapersonal processes they experienced that informed their ability to overcome what initially led to their NSSI behaviors.

Subtheme 1: Finding other ways to cope. The experience of finding different ways to cope with the factors that influenced the participants' NSSI behaviors was expressed in many of the interviews. The participants discussed their processes with ending their self-harm use, which often included finding replacements for those behaviors. This process often included a lot of trial and error, and recognizing that some

of the attempts to stop using those behaviors may not end their NSSI behaviors immediately. Regardless, they all noted that they needed to try something different.

Ann spoke to her experiences with trying different behaviors and trying to manage her urges to use NSSI when they arose:

Ann: Yeah, um, I take a lot of showers. (laughs) I don't know, 'cause when you ever feel like it, it's an urge, you just think, "if I do it one time, I'm not going to do it again." But you know once you start, it's going to take you a while to stop. And it's like, once you start... afterwards for me once I do it, 'cause it was a while ago, maybe a year ago. Once you do it, it's like, damn, now I have to hide it, now I have to make this excuse, now I have to... it's going to 90 degrees, and damn, now I have to wear a sweater... It prevents you from so much shit, and it's like, "Why am I still doing this?"

She noted that in addition to taking showers to manage her urges, reflecting on all of the ways in which using NSSI would be a hindrance in her life helped her to make a different choice. These experiences, in addition to a tattoo that she got of the words "love yourself" in her mother's handwriting served as forms of coping and mediating her NSSI.

Luis used academics and extra-curricular activities such as band, swimming, soccer, and tennis as ways to cope with his struggle to feel good enough as a Latino man. He seemed to experience a great deal of shame for using NSSI behaviors in response to his low self-esteem and negative self-perception. Being able to excel academically and to focus more on the activities that seemed important to him seemed to help him shift away from that self-blame and shame over time. That, in connection to the recognition and encouragement he received from his teachers, helped him feel motivated to find other ways to think about himself:

Luis: I played the instrument, I mean I was in the band class. I just focused on those kind of things, just excelling in the classes I was attending. That was basically it. I was doing soccer after school program. I was doing soccer, all those

things. And my mindset about what caused me to do self-harm was just changing over time. I was just getting into activities that I was doing and the comment that the teacher made, that was just one of the things that helped.

Like many of the others, Alex also had to try and find better replacements for her self-harm behaviors. This process was motivated by her beginning to realize that she wanted to find a better way to take care of herself, so she started to see experiment with different strategies:

Alex: What other things could I think of that would be better for me in the long run? And it just took a lot of trial and error also. I had to sort of be like, you know, “Well, this obviously isn’t working so let’s try...” you know different techniques of like mindfulness, and I tried mediation, and blah, blah, blah.

Alex was quite forthcoming about an important aspect of the process for her in trying to find new coping skills: the trial and error aspect and the fact that some skills may not work at first or at all. She more specifically named that, “None of those things really worked for me. (laughs) It still made me feel good because I knew that I was trying something. And so it was just that for a long time, just trying and trying and trying.” The act of trying in itself helped her make progress in utilizing something other than self-harm behaviors to manage her distress.

Zainab talked about her experience with going to therapy, and how she was able to obtain different coping skills to manage her NSSI urges through that avenue:

Zainab: So, yeah, I started doing DBT, and DBT has a lot of stuff specifically for, you know, fighting your urges for self-harm, distracting or whatever, like lots of stuff. And so I... you know, use those skills all the time and that’s... that’s really helped.

She noted that she began to realize that “For pretty much every problem there is some sort of solution, or at least a step to the solution that you can take,” and being able to use DBT skills and engage in that form of therapy helped to support her to take those steps.

Bri named going through a similar process as many of the others, sharing that she essentially stopped self-harming through replacing that way of coping with other behaviors:

Bri: “I don’t know the exact day or anything ‘cause it’s been three years, but it was just kind of... I don’t know, it was weird. I one day decided I wasn’t gonna do this anymore and then stopped (slightly laughs). And then I just... I didn’t really... like I still don’t have healthy ways to cope or anything, I just don’t self-harm.

She did not discuss further what those replacement ways of coping were, but continued to reiterate that finding something else to help her cope was the driving force behind her process. “I just kind of forced myself to stop, like, you still think about it and whatever when you feel bad, but you just do other stuff to make you feel better.”

Subtheme 2: Discovery of self-worth. In addition to seeking out different coping skills to help them replace and overcome their NSSI use, some of the participants discussed their experiences with intrapersonal growth. In particular, the self-recognition that they were deserving and worthy people helped many of them to realize that they could have, and do, better for themselves. At times this process included a dismantling of the negative, internalized messages that they had received about their racial identities and about themselves as a whole.

Luis experienced a significant amount of self-doubt. This presented itself with regard to his intelligence and academic ability, and left him wondering if he would ever be smart enough and subsequently “good enough” within himself and to others. Much of his experience with his low self-worth seemed connected to the discriminatory messages he received and then internalized about Latino men and people of color being the “lowest rank.”

Luis: You know, I was thinking of myself being not good enough, not having a good skill set or not being smart enough, other things. And then, so I was working on myself with that, I was working on myself while going through what I was going through in middle school. Which was, you know, just what seems to be the norm, you know just being with people, racism, those things.

Luis was able to slowly recognize that his initial belief that being a person of color was “bad,” was “just not the case, you know.” Through a lot of self-reflecting and taking risks to challenge himself, he also began to believe that he was a capable and worthy person.

Luis: I don't know if... I still don't know if I'm smart enough, but I'll keep working on it. It was just personal challenges that I was setting for myself to achieve, and yeah. It was just that I remember from high school... it was just getting through high school, not asking for much attention and just working on myself, and then I realized I was doing pretty good, I guess, as a student.

Alex additionally reflected on the negative impact that resulted from her NSSI behaviors. She slowly became aware that engaging in those behaviors kept her from being able to see her worthiness more fully. Some of this recognition came through her realizing that her self-harm was adding to her suffering rather than helping her to truly cope with it. “And so, I had to sort of... it took kind of a long time, but at the same time, I guess it didn't. But it took me a while to sort of...like, bring myself to want better for me.” Being able to recognize that she deserved more and was worthy of more than the pain she inflicted on herself helped her to seek different ways to cope with the emotional distress that contributed to her NSSI.

As she gained more support Ann became more determined as she gained more support to want things to be different for herself than they used to be. Despite the intense and pervasive bullying that she experienced and the associated ways in which that impacted the ways she viewed herself she wanted and needed for things to change:

Ann: And it's just, it's not even worth it anymore. I want to move on, I want to... I don't want to die, you know? I wanna be successful, I want to go... I'm in college right now. I want to graduate. I wanna go to medical school, I want to be a different... not have this shit hold me back forever. 'Cause now life isn't like that for me. Like, yeah, everyone's gonna have a hard time, but that's just what makes you who you are. And I feel... I just literally learned that over time.

Ann was able to recognize that she truly deserved more, and that she was worthy of having a meaningful life. She was able to see that her life could be different and that the pain she went through drove her to seek something better.

Overall, the ability to realize one's own worthiness and to find ways to move through the negative experiences and messages that the participants endured allowed them to find ways to overcome their hardships and their NSSI use.

Subtheme 3: Gaining self-acceptance. The final subtheme that emerged regarded the process that participants went through to gain a greater sense of self-acceptance. In addition to finding skills and a sense of worthiness, being able to affirm oneself in the midst of the what had led up to their NSSI behaviors was an important aspect of their experiences. A number of the participants described the ways in which they engaged in this phenomenon, and the role it played in their intrapersonal self-work.

Part of Joey's movement away from engaging in NSSI behaviors was her connecting to the belief that it was both okay and normal for her to feel the emotions that arose for her. For much of her adolescent years she struggled with feeling different and misunderstood by others, which led her to think, "It was a crime to feel, you know, sad and depressed and all of that stuff." As she grew older she began to realize that this just was not true, and as she, "learned how to be strong," she connected strength to facing what she was struggling with:

Joey: And I learned that if something was wrong, it was okay for me to cry, you know, until I felt better? So I'll cry, and if I'm crying, it's a whole weight and release endorphins, and yeah. So, I found that I didn't need to start cutting or that stuff anymore, and yeah, I can actually do this, I was, like, I can really, really do this. So yeah, that's how I stopped. I just learned how to be a stronger person and I stopped avoiding stuff, even if I had avoided pain and cut myself, the pain was stuck almost. I learned to deal with the problem and know that you have that out of the way, so you can move forward.

By recognizing that her emotional experiences were normal instead of shameful or wrong in some way, Joey was able to connect to a sense resiliency and acceptance of who she was and her ability to attend to any future pain that she may experience.

Ann shared how her own self-acceptance, especially with regard to her racial identity, influenced how she was able to have a different relationship with herself. She poignantly named that much of her previous experience was based on trying to change herself to become something or someone that she is not, and how that process was not serving her. Instead, she was able to come to a better understanding about who she was:

Ann: And it was just like, eventually when I grew up I realized that I have to love who I am- like I can't keep changing, or trying to be something that I'm not, you know. This is just who I am and that is just how everyone is going to have to accept me to be because I can't change that. I'm living this life. And it's not like I'm saying I hated being African American. I love being African American, I love especially knowing so much- I want to know so much more.

Luis shared a very specific example of the process that Ann described above. He came to recognize that changing himself for the benefit of others would come at a cost to him:

Luis: So, I would do that too, so I did that to get an internship, and changed my name from [real name] to [Americanized sounding name] and I got the job but after that I switched it back to [real name]. I realized I could just stick to my identity. If I try to identify myself with something so that it would appear more to people's liking, I'm not myself, not my true self.

Changing his name to sound more Americanized may have helped him get a job, yet he realized that he would have to give up parts of his true self to continue along that path. Luis was able to come to the conclusion that he could only benefit from accepting himself and his true identity.

Part of Yvette's experience with increasing their self-acceptance included recognizing that there is more than one way to represent and connect to their racial identity. It was important for them to realize that they could have experiences that were not widely represented or discussed within their culture, and yet still identify and connect with being a Latinx person. This realization shaped their ability to be more accepting of their culture, and accept themselves just as they are:

Yvette: I think now, especially since I am part of my culture, I think it's important to find the balance of okay, like... 'cause there's no right way to be a person of a certain race or a certain culture... And I think it's important to make sure that even though we're all different, we don't see anybody as "ohh you're less Latinx because you do this," or things like that.

Self-acceptance was a key role for many of the participants when it came to finding a way to overcome their NSSI use, the struggles that came with being people of color, and the negative messages that they seemed to internalized about who they were as people. Being able to experience diversity within one's culture, to find strength in the expression of one's emotions, as well as learning to love oneself without changing to be more palatable to the outside world, allowed these participants to become fuller, more healed versions of themselves.

Responses for the Field

The last portion of the interview included questions that provided participants with the opportunity to offer feedback to mental health professionals and the field of

counseling psychology as a whole. The responses provided did not immediately attend to the research questions, yet they emerged throughout the data collection process nonetheless. Given the breadth and depth of the content that was imparted, this section was created separately to additionally discuss their experiences and to provide further delineation of the implications discussed.

Participants' Past Experiences with Therapy

A few of the participants shared some of their experiences with attending therapy and how they did not feel that they got the kind of support that they needed. Two of the participants in particular found that the approaches that were used did not feel like good fits for them. Ann talked about this in reference to the unique therapeutic and interpersonal style of one of the therapists that she attended while in high school:

Ann: It's just having someone that you don't have to feel stiff around, and most of my therapists, my therapists in the beginning at the school... she would always make me tea before I came, and she would play weird music in the background... And make me do yoga, and breaths and that's... I don't want to do breaths. I don't want to do none of that. And so it's just, I didn't like that type of therapist. 'Cause it was just you're making me do things that I don't want to do, and I don't feel like are going to help me... I don't know what kind of people need to do that, but I didn't feel like breathing was gonna to help me get over everything that I'd been through. I needed to figure out who I was, and why I'm still here, why am I, you know?

Ann did not believe that approaches centered on breathing and yoga were what she needed in order to cope with the distress that she was experiencing at that time. Instead, an approach that was focused on deeper exploration around figuring out who she was and what motivated her to keep going in the midst of what she was going through.

Bri discussed having a lot of uncertainty about whether therapy was actually an effective way to help support people who struggle with self-harm. She stated that she did

not feel as if going to therapy was all that helpful for her, sharing that she, at the time of the interview, felt the same about herself despite having attended therapy since the age of 12. She did, however, provide some insight that might have influenced why therapy was not helpful for her, as she specifically reflected on a person's readiness for change:

Bri: Forcing someone to treatment, or forcing someone inpatient or something... I don't think it helps unless you're actually opening your mind to being helped or wanting help for yourself. If you don't want anything than it's not gonna help and it's a waste.

Both Bri and Ann alluded to the ways in which approach, fit, and timing are incredibly important aspects of having therapeutic support be effective. Their experiences provide increased clarity regarding the ways in which the counseling and various therapeutic interventions that they endured have not been effective for them in the least, harmful even, in their moments of great need.

Cultural Implications and Help Seeking

A second major theme here that quite a few of the participants discussed was regarding the need for cultural implications to be taken into account when thinking about how people of color may or may not seek psychological help. The processes around seeking help and the barriers that may come up along the way were addressed by a number of the participants. Yvette and Alex both shared their thoughts about the factors that might make reaching out for mental health support difficult for communities of color in particular. Yvette discussed the assumption that some mental health professionals may make about the process of accessing mental health services for communities of color:

Yvette: I think it's just knowing that, to not generalize things and stuff because sometimes... Like, different types of counselors have been... they paint it like it's so easy to just reach out and do things without realizing the... again that we can't just ask for help without... because for us, for people of color it's not just, "let me

ask for help, and then this, and this, and that. And it'll be fine, my family want me to get better." Like, no. So I think it's important to realize or talk about that and say, "Okay, these are the things that might happen after you do decide to get help," or how to deal with things that will be specific to your community. Whether it be about reaching out for help, or if you're going through stuff, and how to deal with that. How to talk to your parents about these kinds of thing.

Yvette clearly illustrated some of the factors that can make it difficult for people of color to ask for help, as well as the ways in which counselors hold beliefs about accessing services that are not only incorrect but potentially detrimental to furthering opportunities for communities of color to seek care. They acknowledged that at times the concerns for which one may be seeking support may have to do with issues within the community, and how that may make it difficult to know how to ask for help. They additionally reflected on the ways in which families and parents may not be accepting, and therefore mental health professionals need to be aware of how to help those individuals navigate the resistance that they may experience.

Alex reflected on a similar process, particularly the ways in which families and messages among the Black community around seeking mental health services made it difficult for her to feel comfortable seeking help:

Alex: Yeah I mean kids are, we don't really know how to accept help. And, I think especially being a person of color or being a Black person also made me wary because mental health services are not something that are universally treated as "this is a thing we do..." So even just being willing to accept that, you know, not only that I needed help but that I was going to go to someone else, like outside of my immediate family for that help was just kinda like, "like, what?"

The process of admitting that she needed help, combined with that help being sought outside of the family system, did not feel like a viable option for Alex. This was particularly the case given what she named about mental health services not being highly

regarded as an option within Black communities. Alex noted that these factors are important for mental health professionals to be aware of.

In addition to some of the culturally-informed factors that made seeking mental health support feel difficult, the participants also described what things aspects may to be changed to address some of those culturally-influenced barriers.

Zainab named the overall process that she felt the field needed to reflect on regarding help-seeking stigma among communities of color: “I guess, yeah just like destigmatizing things in general about getting help.” She also spoke to a reflection that should be considered overall when it comes to NSSI behaviors and different cultural groups: “Or like if you self-harm, it’s not like the weirdest thing or the end of the world. Especially if you are not, a teenage White girl.” (laughs)

Yvette elaborated further on this concept when reflecting on how to engage in conversations and stigma regarding mental health services. They talked at length about the ways in which some Latinx communities may not be very open to discussing mental health concerns. To address this dynamic, they provided a poignant example of how conversations regarding mental health struggles need to explicitly include the experiences of Latinx people:

Yvette: I think... maybe definitely things at school because I remember the whole, they would counselors come, and they would talk about things like suicide prevention and self-harm and things, and that you should always reach out. And I think maybe if they had talked about how... if they had brought up the issue, that it’s an issue within our community, if they would have recognized that within the Latinx community it’s not accepted, if they would have made that connection for us there, I think that would have helped us be, like, “Woah, okay. So like now I understand.” ‘Cause, I guess some people either don’t want to talk about it because nobody will understand, or you don’t want to talk about it because they would be frowned upon.

Given what they are naming, culturally-informed conversations feel imperative when reflecting on how the field can be more thoughtful about how they encourage communities of color to seek support. The field of psychology needs to be making far more concerted efforts to seek out more creative and culturally-sensitive ways to provide even adequate support to communities of color, and then to seek input from such communities in order to better ensure that the implemented interventions are actually informed. Yvette went on to further delineate the the need to address the stigma that exists within various cultures:

Yvette: If they would have made that connection for us, that would have helped a lot of us realize, “Oh okay, so I can talk about it without being judged and stuff, without the whole, the stigma that our culture has placed upon it.”

Both Alex and Bri discussed the process of reflecting on readiness for change and support. While they were not directly referring to cultural factors that influenced this process, it was included in this section. Both participants shared their perspectives on the importance of understanding where someone may be in their process around finding different ways to cope with their distress and their self-harm:

Alex: I guess, what I would want someone to know is that sometimes, asking for help is not always the first step, I guess. And kind of what I mean by that is that... there were times where I would sort of reach out for help and even though I had taken that step it wasn't... that was kind of the easy part, almost. It was not only asking for help but being willing and able and in a place to accept it.

Alex reflected on the idea that just because someone has taken the initial step of asking for help, it may not indicate that they are in a place to fully accept the help that they are looking for. Bri ends up further elaborating on why this process may occur:

Bri: At least in my opinion, I don't think therapists are very helpful cause... It's, like, an addict... you can talk to them all you want, you can put them in treatment

or anything and the only person that can truly help them out is themselves and if they don't want to get better, they won't get better.

They both seemed to be indicating that if the person seeking support is not truly ready and desiring for a change, taking the first step of asking for help or being put into treatment may not be enough for the behaviors to change.

Overall, the participants highlighted the importance of reflecting on the individual and cultural factors that influence the process that people of color may go through when it comes to seeking mental health services. Being aware of the stigma and apprehension that may exist within various communities of color regarding mental health services, the ways in which seeking help outside of the family or the potentially negative ways in which family members could respond to help seeking, in addition to the messages that make seeking help in general seem unfavorable or inaccessible, each were important factors when considering the role of culture in their seeking of support.

Psychologist Qualities and Characteristics

One of the most discussed themes regarding the participants' feedback to the field was around the characteristics that felt important to them when it came to the psychologist sitting across from them. This theme was broken up into two subthemes: (a) being culturally sensitive, aware and informed; and (b) sharing a similar identity. The participants attended to what they would need from a psychologist that did not have a racially marginalized identity, as well as why it felt important to have someone that either looked like them or shared a similar experience with racial marginalization.

Be culturally aware, sensitive, and informed. The overall concept of cultural awareness was named in various ways as a key factor in the participants' experiences and

ideas concerning the characteristics of a psychologist. Many of them discussed what would help the participants to feel more comfortable and trusting of mental health professionals in general, and White mental health practitioners specifically. They additionally discussed ways of being that they found to be problematic or insensitive in some way, and delineated characteristics or behaviors that would negatively impact the participants' ability to engage in therapy.

An initial process that was discussed by a few of the participants was that of becoming and staying socially informed and educated about the experiences that people of color may go through. Ann felt like this was an important part of understanding what may be occurring in the lives of a psychologist's clients: "Well, I feel like a lot of therapists should keep up with social media and everything that is going on. Cause I... that could make a big effect too."

Riley took this thought process a step further by discussing the ways in which reflecting on what is occurring in the broader society for individuals of color is important in identifying and deciphering what experiences are more or less excusable:

Riley: I think a lot of trauma has been normalized, for societal norms... us PoCs we think it's pretty normal or just something that happens, it doesn't get addressed or talked about, which is why it's always being brushed off. I think being able to identify the negative, normalized behavior and being able to speak about it and have the patient realize that it isn't normal and it isn't okay and be able to break away from that. And relearn, not relearn from it, but kind of realize that that behavior, even though it's normal in society regardless of which culture, is not okay, and what you're feeling is normal from what has happened.

She highlighted in this statement the process that many people of color may go through, where because the message that it is "normal" to experience something negative or traumatic due to being a racial minority, that experience is never truly questioned or challenged. She posits that psychologists should be aware enough of these "societal

norms” to help their clients of color recognize that those experiences are not justifiable and to find ways instead to normalize the impact of those “norms.” This is crucial if psychologists truly want to be acting out of our value for social justice-driven work.

Another aspect of gaining awareness and sensitivity was through finding the balance between being informed and aware of what occurs within communities of color with knowing that one cannot overgeneralize that information. Yvette named a part of this process, stating that, “I guess ‘cause I mean not all people of color go through the same experience, right? But I think it’s just knowing that... to not generalize things and stuff.” They found that psychologists reflect on the different experiences that can occur within communities of color in addition to the similarities. Riley also discussed this aspect of being culturally informed, naming both the necessity to be aware of the differences that can occur among various cultural groups and the obligation to learn about the significant experiences that may occur within each group:

Riley: I think that there’s always going to be trauma, but I definitely think it differs between different cultures. Um, I don’t want to say culturally competent, ‘cause I don’t really know if anyone can be competent in every culture? But kind of figuring out how to navigate those spaces.

She referenced this need for psychologists to be more culturally aware with a number of identity groups, citing sexuality, being aware of what “is okay and what isn’t okay” within a cultural group, as well as different “struggles” that first-generation people of color may go through as compared to “those who have assimilated.” Riley also reflected on the importance of recognizing the role of intersectionality on the experiences of a client, noting that factors such as gender and class cannot be separated from the other identities that a person may have.

Yvette additionally discussed the ways in which as a field we need to reflect on intersectionality and its role in a person's experience. They reflected on an example of the intersection between SES and holding a Latinx identity, and how that may drastically change the context by which a person enters therapy from, as compared to a different set of intersecting identities:

Yvette: I think that something that's definitely important is that I think it's about the intersectionality of it. That if we're going to talk about something like self-harm, that we for us, for people of color we can't just say it's just one sole issue. It's connected to everything... it's connected to our different kinds of struggles that White people may not face. It's not easy, it's not as simple, I mean it's not simple to talk about these issues. It's more complicated for us, to say that, "Okay I'm going to this, but I have less resources and I have less support." So, I think that's something people who are therapists and stuff should definitely be aware of. That it's not as simple as, "Okay, we're going to do this with you, we're just going to put you in therapy," or something like that. Because, like... First, because a lot of Latinx people we are low income things like that, so it comes with so many other issues that it can't just... we can't just talk about that one thing.

This example also gave credence to the aforementioned discussion regarding the cultural factors that may influence whether someone can or will access talk therapy as a form of support.

Some of the participants discussed their lived experiences and preemptive concerns with having a White psychologist. These concerns included wondering whether a psychologist holding a White identity would be able to understand and therefore adequately support the experiences of the participant of color. An additional underlying inference that was implied in their feedback, was that White psychologists will need to figure out how to engage in conversations where individuals of color discuss the struggle and labor they have to endure when in White spaces, around White folks, or when experiencing racism.

Joey shared some of her thoughts on this process, particularly around how a psychologist should attend to a client entering therapy who has had experiences with racism or judgment based on skin tone:

Joey: You know what I think of, the first thing you expect is that someone is going to treat you different, no matter where you are. They expect that you are going to treat them different. So if, one thing I maybe I'd want a therapist to know is that, if I walk in, everything that you do is going to be looking out for those things. Like, "Okay, maybe if she frowns at me because I'm this color." It's all about your reaction when you first look at me... it has to feel welcome you know? People like us we like to be welcomed, we like for someone to look at us like they care about us. Everyone wants to be cared about, but when it comes to people like us who are colored, it's we just need that extra thing for us to come out of our shell and actually be able to share with that other person. You know, if that person is a White person, if they're going to listen to me and really care about me, then it's hard to be this person, "Are they going to judge me because I'm Black?" Extra care, that extra empathy that we'd want, that's what I'd want.

This was Joey's main feedback to the field of psychology, and it clearly illustrates a need for psychologists to have a strong sense of awareness around the ways in which a client of color, based on their past lived experiences, may be very wary of entering therapy. Because of this, being able to attend to the well-informed wariness through clearly showing care and genuine concern about the client is an imperative process.

Yvette discussed their experience with attending therapy with a White psychologist. They noted that despite the psychologist being thoughtful and considerate, the racial difference they had still impacted their ability to discuss some of the experiences they were seeking therapeutic support for. This hesitancy was also informed by the fact that their difficulty with being at a predominately White institution was a contributing factor:

Yvette: I did have one session with a White counselor, and even though he was really understanding, I don't... I didn't feel comfortable telling him some of the things that went on with my... that I was facing. 'Cause I didn't know if he would

understand the issues I was going through. Because one of my biggest issues there at school was about how it was a primarily White institution right? So I came from this small city, that is like 98% Latinx, to going to this school that was primarily White. And I don't know how to tell him how that was an issue for me without kind of sounding I guess... I don't if it sounded rude.

Alex shared similar experiences to what Yvette named above, particularly regarding her concern around being understood by a White psychologist, as well as her hesitation with naming experiences that might make a White psychologist defensive or uncomfortable. She discussed some of her experiences with these phenomena, stating that “I think sometimes when I would meet with a psychologist or counselor who was White they would try...I don't know, I guess they would try and act like they didn't notice I was Black almost.” Given that issues related to her identity as a Black woman were a part of what she was seeking support for, being responded to in this way was both unhelpful and created a sense of discomfort for her, stating that, “What does she know about what I'm going through?” Alex's feedback around this process for White counselors is simple: “So I think just people being willing to listen to the stories of people of color and acknowledging that it isn't a direct, you know, jab at them. And that being color blind isn't really doing anything.”

While being “color blind” may have prevented explicit biases from entering the room, it was seen as problematic and dismissive instead. Zainab's feedback attended to the ways in which explicit biases or stereotypes influenced her comfort level with disclosing some of the racialized experiences that impacted her. These suggestions coincided with many of the other participants above. She reiterated the importance of being aware of one's biases and the ways in which stereotypes might shape the ways in which White psychologists and clinicians might approach people of color:

Zainab: But, you know, if you happen to be a White psychologist or therapist, then definitely don't, I would say... make sure that you're not projecting your own stereotypes about different communities onto their patients. I think that is a big one 'cause I don't... I... would sometimes feel a bit hesitant to talk about my dad, 'cause I don't... I don't want to be perpetuating any sort of stereotype about Iranian men, or anything like that.

Ann additionally shared a similar sentiment to Zainab. She, however, spoke more broadly about how all clinicians need to be accepting and understanding of differences, and to find a way to attend to the partialities or prejudices they may enter into the therapeutic relationship with:

Ann: I feel like you need to put your pride aside, if you were biased or had any, you know, certain type of thing that needs to be aside because your job is to help the person in front of you.

The participants named a great deal of ways that mental health professionals can work toward being more culturally aware, sensitive, and informed. Many discussed that people of color are not all the same, nor are all people of one race the same, and their experiences and potential traumas differ from person to person. The need for psychologists to reflect on not only individualized experiences, but on the intersectionality that comes with holding a multitude of identities was additionally named. In the midst of understanding intersectionality, the participants shared some of their hesitations and recommendations for White psychologists, which included: (a) a concern that a White psychologist would not be able to fully understand the lived experiences of people of color, (b) that they might ignore the racial identity of the participant and take a "color blind" stance in therapy, or even worse, (c) project biases they may hold about different communities of color onto the therapeutic relationship.

Shared racial identity. The second subtheme that was connected to the theme of important psychologist characteristics was the role of having a psychologist with a shared or similar racial identity. Some of the participants described a need for more psychologists of color to exist within the mental health profession as whole, and explicated why having a psychologist of color felt significantly important to them.

Zainab noted the fact that within the field of psychology, “Definitely there needs to be more therapists and psychologists of color. Like, for sure.” All but one of her therapists were White, and as was discussed earlier, they seemed to have approached the therapeutic relationship, with some biases that left her feeling hesitant. Ann named a related perspective, as she did not have the opportunity to work with a psychologist of color. For Ann, she hesitated to talk about the parts of her experience that were connected to her racial identity, and explicated as to why this was the case:

Ann: Yeah, umm, well for me I never had, which I wish I did have, I never had a therapist of color... So they're not going to understand even if I did tell them. There wasn't any point in even bringing up stuff like that cause they're not going to understand. I mean, they can say what they want to say, but at the end of the day you would never know... What it's like. So that was one thing.

Ann did not feel as if a White psychologist was going to be able to have a more nuanced understanding of her experiences, so subsequently she was less forthcoming about her racialized experiences. Yvette also described experiencing the phenomenon that Ann did, and was able to compare and contrast their experiences working with a White psychologist and working with another Latinx identified clinician:

Yvette: Yeah, I think even though I guess some people, they don't really mind, I think it's important to do that because I feel, like, it's a way, they can make those... they can make the connections way easier. So, with my counselor that I had there at school, whenever I was told about my kind of issues she understood them right away because she was also Latinx. She understood what I meant when I said that my parents were kind of... they were kind of sexist and they were kind

of just old fashioned and stuff, within my culture and they understood that. 'Cause they had gone through similar experiences. They knew what exactly what to tell me and how to help me. And I think that's really great. I don't think that... 'Cause I did have one session with a White counselor, and even though he was really understanding, I don't... I didn't feel comfortable telling him some of the things that went on with my... that I was facing.

Given the overlapping experiences that they shared with their clinician, Yvette felt that they were able to reach a deeper level of feeling heard and understood in comparison to the kind yet White-identified counselor. Yvette noted that because the Latinx clinician had gone through similar experiences, Yvette felt better able to reach a deeper level of comfort and connection with them, which facilitated a more informed therapeutic relationship that inevitably allowed for more growth and help to occur for Yvette. Alex additionally noted the ease she experienced when she was able to connect with a clinician who was also Black. "I always felt that it was a lot easier for me to meet with someone who either (a) looked like me, so like another Black person I was meeting with, or [b] someone who actively acknowledged my identity I guess?"

Riley had not been to therapy at the point of engaging in this interview, so much of her feedback was informed by what she believed she would want should she ever decide to seek counseling in the future. Riley, similar to the participants described above, echoed the benefits that having a clinician with either the same or similar identities would provide:

Riley: I definitely think having a WoC who's open about sexuality is a huge piece... I mean personally, probably an Asian WoC mainly because they definitely know the culture? But if I know ahead of time and research a different ethnicity, they definitely know the culture, which most would, I would assume. And I think I would definitely be open to I think mostly just a WoC because they know the experiences from both gender and race, and it's not just the heteronormative of being a male, even if you're a PoC.

Riley spoke even more specifically to the benefit of having multiple shared identities, as for her, having the intersection of her race and gender be represented in her psychologist could prevent her from potentially experiencing heteronormative dynamics that may occur when working with a man of color.

Overall, the participants elucidated the importance for psychologists to have a way to access cultural awareness and sensitivity. They provided specific examples of ways in which they had experienced psychologist who were not culturally sensitive, such as through projecting biases that they held onto the participant or through ignoring the racial identities of the participants altogether. They additionally reflected on what psychologist, particularly White psychologists, could do to become more informed. Finally, they discussed both the importance and benefits of being able to have a psychologist that either shared their racial identity or was a person of color.

How to “Be” in the Room

The final theme that emerged from the feedback that the participants provided for counseling psychologists was around stylistic or interpersonal ways to be when conducting therapy with clients. These factors included: (a) psychologists balancing power in the room, (b) treating the participant less like a client and more like a friend, and (c) being flexible.

Alex discussed her experience of desiring a more balanced therapeutic relationship when reflecting on how she wanted and needed to feel as if she had something important to offer in therapy. She expressed how much she would have appreciated a psychologist who would have realized that she had something valuable to offer:

Alex: And it kind of made me wary of the advice that I was given by them just because I thought I knew better than them. I think that a good way of me sort of learning and actually accepting help was when I thought it was my own idea? So, I think sometimes after someone takes that first step of being, like, “I need help with this,” you kind of have to hear them out and see what they think they need.

Ann had a lot of suggestions regarding how she felt psychologists should engage in the therapeutic relationship, which included being more approachable by engaging in the relationship from more of a friendship-based place:

Ann: But I just feel like someone needs someone they can literally consider a friend and feel comfortable around. ‘Cause once you feel comfortable, you’ll open up. And then they’ll get to know the real you. And that’s when you can really start moving forward, and they’ll bring up stuff, like, “Oh, but you were really happy last session, remember when da-da-da happened?” And you’re like, “Damn, that was a good time. My life isn’t always like hell.” You know? ‘Cause sometimes you don’t realize how good life is until someone points it out to you. But if you won’t let someone in, then that’s going to be really hard.

Through this example, Ann highlighted the importance of being able to just relate to another person on a level that can encourage comfort and trust. This was particularly important for her to feel comfortable enough to open up and share her actual experiences with a clinician. Given this dynamic, Ann noted that she was able to be more receptive to an outside perspective when approached from this place. She went on to describe how flexibility around the “rules” provided her with the opportunity to gain a better sense of connection and trust with her therapist:

Ann: Sometimes the rules are okay, but being so strict on the rules isn’t gonna let people open up and know who you really are. ‘Cause I can sit there and say that, “I am fine and nothing is going on.” I don’t have... I can lie really good. And I’m pretty sure that other people can too, but once you really have that connection and they know that you are really opening up that should feel good to you. So, it’s like, why be by the rules when you could just do what you wanted to do.

Self-Reflection

I spent a significant amount of time reflecting on the research process as well as my own personal process as I engaged in this study. I did this through journaling my thoughts throughout the recruitment process, after interviews, throughout the transcription process, and while analyzing the data.

One of the first processes that I was keenly aware of when going through the recruitment process was how to encourage people to participate in this study, and in particular how to help participants to trust someone in the mental health and academic fields with their experiences. I thought often about the role that stigma around help seeking and engaging in mental health-related endeavors may negatively influence potential participants' interest in contributing their stories. It felt important for me to reduce as many barriers as I could around this process, and so I made a conscious choice to share a picture of myself along with my call for participants. Building trust through shared or similar identities, particularly with regard to race, seemed like one way that I could encourage a form of comfort to this population that a White researcher may not be able to provide. While many of the participants named that having a shared identity with a psychologist felt like an important way to build connection, trust, and a sense of being understood in the therapeutic relationship, I believe that this could be paralleled when attending to my role as a researcher as well.

As I conducted the interviews, I took notes about each participants' way of engaging with the questions. This included the typical details such as rate and tone of speech and the amount of affect that was expressed throughout. I additionally reflected on what could be concluded about the participants' interpersonal ways of engaging through a

phone call: the amount of detail they provided and how they discussed that detail, the amount of hesitancy or excitement in their voices as they engaged in sharing their processes, and the depth of the self-disclosure and the amount of associated vulnerability they displayed. Much of the context I was able to provide throughout this chapter was through reflecting on their words as well as on their unspoken processes. What I gathered from this process was a deep appreciation for the risk that each participant made to participate in this research, and in the choice to share their experiences with me. It was evident that some of the participants were hesitant about sharing what they experienced, yet they chose to do so regardless. Given that participating in research as a person of color has historically been a convoluted and at times detrimental experience, I was honored and moved by the depth of their participation.

Throughout the study I found myself consistently coming back to a number of reflections. One was the reminder that pain is both a universal and individualized experience. Each one of the participants spoke to having experiences that induced pain and a sense of suffering for them. In the midst of this, while there were commonalities and overlaps in what may have caused or influenced that pain, each person felt that in their own way. I found this reflection to be so grounding. The field of counseling psychology is determined to understand shared experiences; as a researcher and a clinician, I find it important that we keep seeking the commonality in experience. However, to recognize the diversity even among the commonalities feels like truly honoring difference within a shared identity and to each person's individualized connection to themselves and to their experiences.

Counter to the reflection illustrated above, I will also discuss how I made sense of the role of healing. A substantial reason why I chose this topic and engaged in this process was to inform our field about the experiences that people of color have with self-harm, and in so doing elucidate the processes that occur. In the midst of engaging in this process, being able to not only discuss the pain and struggle that is a well-known experience for people of color, but to showcase the strength, the perseverance, and tenacity that these communities also experience was equally important. As a Black woman and a researcher, I was reminded of how people in my community and in other communities of color, despite experiencing intense bullying or the internal pressure to live up to a societally-created standard and failing to do so, find unique and fulfilling ways to heal. That healing took on many forms for the participants, at times with common threads and at times with significant differences (similarly to the process discussed above regarding pain), and yet, movement toward growth and healing was a universal process for all.

When considering this research endeavor as a whole, I was left to reflect on the roles of perseverance and connection. So much of the work that I do as a clinician; as a counseling psychology doctoral candidate; as a social justice advocate; and as a Black, queer, woman is driven by the desire to make the lives of the people I interact with better in some way. I have to be aware of the varying roles and privileges I hold, as well as the marginalization that I have also experienced. Conducting this study allowed me to realize that each and every one of us has a history and a set of identities related to that history that we enter into interactions with. And often, those experiences can lead us, my participants included, into places of sadness, loneliness, anger, and injustice. In the midst

of these places, however, was the opportunity to connect to a fuller (despite being painful and often out of necessity) sense of strength and perseverance. When reflecting on the experiences that so many people of color have to endure, life can seem fairly dismal and hopeless at times, so this reminder that there is reason to have hope and that there is a significant amount of strength present within communities of color grounded me back into that reality.

Finally, I reflected often on the idea of connection, as it stood out tremendously for me throughout my research process, in a number of facets. Many of the participants spoke to ways in which they felt disconnected in some way, either from their racialized communities, from familial support, or even from themselves, impacted their experiences of themselves and their NSSI. Often, much of their movement toward deeper self-understanding and away from NSSI behaviors could be summarized around seeking a different form of connection than they had previously experienced. This reflection also was present when thinking about the interview process itself, as I felt compelled to find a way for interested participants to be able to go out on a limb and to trust me with their stories. Knowing what it means for me to be able to have even a step closer to these shared experiences by talking with other people of color, the opportunity to be explicit about my own identities throughout the recruitment process as well as while conducting the interviews may have allowed the participants and I to connect on a deeper level, genuinely seemed to facilitated a richer interview. As clinicians and researchers, being able to more fully ground our work from a place of connection feels imperative, and is imperative given the feedback that these participants provided. I will forever be humbled by the opportunity I was given to connect with these participants and to be trusted to

share their stories to make this field and the lives of other adolescents and young adults of color better.

Conclusion

In this chapter, I began with a detailed description of each of the individuals that chose to participate in this study. I provided rich descriptions of their individual experiences, recounting the events that occurred within their lives that influenced how they came to understand their racial identities, their NSSI, and the intersection of the two. I then went on to clearly illustrate the shared essence of the participants' experiences through themes that emerged from the data after a careful analysis process. These themes were elucidated with an ample amount of direct quotations, which served to provide specific support for each theme and subtheme from the stories of the participants and to reduce the opportunity for my bias to intercede. Additionally, the feedback and encouragements that the participants provided for practicing clinicians and psychologists, as well as for the field of counseling psychology as a whole to take into consideration, were also provided. Finally, the reflections that arose for me as the researcher throughout this process were also discussed. The following four research questions guided the direction of this study:

- Q 1 How do people of color express their use of NSSI? Particularly, is there a language to how they talk about NSSI?
- Q 2 How do the perspectives that people of color have on their racial identity influence their views on and use of NSSI?
- Q 3 What reasons do people of color express for engaging in NSSI?
- Q 4 How do the experiences people of color have in the greater society regarding their racial identity impact their use of and views on NSSI?

Through analysis of the data that were collected through interviewing the participants, the following six emerging themes are as follows: (a) “Racial Undertones:” Coming into One’s Racial Identity, (b) “I thought I was dealing with the problem:” Exploration of Non-Suicidal Self-Injury, (c) The Intersection between Race and Non-Suicidal Self-Injury, (d) “Because she wouldn’t understand:” When Support is Missing, (e) When Support is Provided, and (f) We Shall Overcome! Additionally, the participants provided feedback for the field of Counseling Psychology that consisted of the following themes: (a) Participants’ Past Experiences with Therapy, (b) Cultural Implications and Help Seeking, (c) Psychologist Qualities and Characteristics, and (d) How to “Be” in the Room.

In conclusion, the participants of this study discussed an ample amount of shared experiences with regard to their identities as people of color with personal experience using NSSI behaviors. Given this, it is hoped that the commonalities that arose from their distinctive stories will provide psychologists and clinicians more guidance as they work with other adolescents and young adults of color that engage in NSSI.

CHAPTER V

SUMMARY AND DISCUSSION

For this final chapter I will be summarizing this study, discussing the results and implications that can be derived from those results, and reflecting on the limitations that arose. In Chapter IV I provided the following: (a) a detailed description of the participants, (b) a thorough elucidation of the themes that emerged from the interviews with those participants, (c) the feedback that the participants had for clinicians and the field of psychology, and (d) my reflections on the research process. The data and results were obtained through first collecting demographic and contact information for individuals who completed a pre-screening questionnaire. These interviews were conducted from March of 2018 until February of 2019. After those eight qualifying individuals consented to participate, I then conducted detailed interviews with each participant, which were then transcribed. Those transcripts were then repeatedly read and analyzed, and the emerging themes were recorded.

There were a number of strategies that I implemented to increase the trustworthiness and rigor of this study. Credibility was increased through the use of researcher reflexivity and triangulation. To increase transferability, I used detailed and thick descriptions of the participants, their experiences, and the context and settings so that those who read this study can determine how generalizable these phenomena are to other comparable contexts (Merriam & Tisdell, 2015). I additionally was able to

interview a diverse range of participants with a multitude of differing racial, sexual, and gender identities from varying states and countries. I attended to the dependability of the study, which refers to how traceable and consistent the researcher's process is (Guba & Lincoln, 1989; Morrow, 2005), by keeping an audit trail of the steps I took to complete this study. This included any changes in the research design, the analysis process, and process associated with the emerging themes.

Lastly, this study was informed through a constructionist theoretical lens, which purports the need to attend to culture, context, and rapport to ensure that the participants' constructions were fully comprehended (Morrow, 2005). I attended to those three factors in a number of ways. Throughout the study and the interview process, I paid particular attention to the ways in which I built rapport to increase comfort and to allow for more depth and context from the participants. I was intentional to be thoughtful and aware of how I was building rapport as a way to ensure that I stayed within the role as a researcher. As I conducted the interviews, I kept notes of my reactions to make sure that I bridled any partiality and researcher biases that may have arisen throughout the process. Finally, Chapter IV ended with an explication of the reflections that I made after completing the interview and analysis processes. The following themes emerged from the study:

1. "Racial Undertones:" Coming into One's Racial Identity
2. "I thought I was dealing with the problem:" Exploration of Non-Suicidal Self-Injury
3. The Intersection between Race and Non-Suicidal Self-Injury
4. "Because she wouldn't understand:" When Support is Missing

5. When Support is Provided
6. We Shall Overcome!

The present chapter will include an overview of this endeavor, including the rationale for conducting this particular study. I will then describe the themes that emerged and how those interpretations coincide with current research on this topic. The research, theoretical, and practical implications will then be discussed. In the midst of discussing those implications, I will provide potential directions for future research and mental health practitioners. Lastly, following the conversation about the practical implications and associated relevant applications for the field of counseling psychology, the limitations will be provided.

Overview and Purpose of the Study

As a country we are gaining a greater understanding of mental illness, which includes a greater sensitivity to the implications of mental health concerns (Keyes, 2007). This destigmatization has influenced the presence and growth of research regarding NSSI (Best, 2006). Additionally, we are becoming more and more interested and invested in understanding the lived experience of being a racial minority. Given the blatant displays of racism and bigotry that have become more visible in the U.S. since the Presidential election of Donald Trump in 2016, it becomes imperative that we continue to gain consciousness regarding the intersection of race, racism, and mental health concerns (Bucchianeri et al., 2014; Sellers, Copeland-Linder, Martin, & Lewis, 2006).

Adolescence in particular is often seen a critical time in an individual's life for immense developmental growth (Breen et al., 2013), which also includes the emergence of mental health concerns. NSSI has been found to begin in adolescence (Claes et al.,

2014; Hay & Meldrum, 2010; Lereya et al., 2013) and presents as a more maladaptive (Laye-Gindhu, & Schonert-Reichl, 2005) way of coping with a multitude of mental and emotional stressors that one might experience (Abrams & Gordon, 2003; Brady, 2014; Briere & Gil, 1998; Crouch & Wright, 2004). Research has increased regarding the intersection of race and NSSI, yet it continues to present with confounding and at times inconclusive results (Muehlenkamp & Gutierrez, 2004). The lack of clarity regarding the experiences that adolescents of color may have with NSSI leaves a large gap in our understanding of this phenomenon. Racial minorities are repeatedly exposed to environments and societal messages filled with racism and examples of how unimportant they might be in comparison to their White counterparts. These experiences inevitably have a detrimental impact on how their self-concept, self-perceptions, self-esteem, and overall psychological health (Sellers et al., 2006; Sellers & Shelton, 2003; Spencer, 2005).

The relationship between NSSI and racial identity has continued to be unclear as much of the research is focused on the experiences of White adolescents and females (Crouch & Wright, 2004). The present research intended to address this gap by providing a more detailed understanding of how adolescents of color experience NSSI use, particularly in relationship to their racial identity. Social justice as a principle is a major tenet of counseling psychology, and this research was additionally conducted to provide an avenue for the stories and voices of underrepresented and marginalized groups as to have greater existence within our field. Having a better understanding of how NSSI is experienced in the lives of adolescents of color can only help this field to become more

culturally informed and aid mental health practitioners in providing clinical services driven by the research to communities of color.

The purpose of this phenomenological qualitative study was to examine how racial minority young adults experienced non-suicidal self-injury (NSSI) in relation to their racial identities. More specifically, given the lack of qualitative representation regarding the experiences of adolescents and young adults of color in the research, this study intended to fill that gap in the literature. It is imperative that researchers and mental health practitioners have a more accurate understanding of how people of color experience NSSI. Currently, as there is little research about this intersection of identity and experiences, this study and the resulting data can support counseling psychologists and other mental health providers to become more culturally humble and informed when providing clinical support to populations of color.

Additionally, as a future counseling psychologist, allyship and advocacy are important aspects of my own professional identity. Given this commitment, my intention conducting this line of research was to provide a platform for the voices of marginalized groups, as their experiences are crucial to furthering a more complex understanding of NSSI. The stories of young adults of color were presented with the hope that their experiences will more directly inform our understanding of the phenomenon. To do this, I utilized a phenomenological qualitative methodology, which was conducted with a social constructionist paradigm. Furthermore, this theoretical lens emphasizes the importance of fully understanding and illustrating the meaning that the participants make of their experiences in their lived contexts (Crotty, 1998) and therefore was an appropriate fit for the purpose of this study. The following research questions were used to guide the study:

- Q 1 How do people of color express their use of NSSI? Particularly, is there a language to how they talk about NSSI?
- Q 2 How do the perspectives that people of color have on their racial identity influence their views on and use of NSSI?
- Q 3 What reasons do people of color express for engaging in NSSI?
- Q 4 How do the experiences people of color have in the greater society regarding their racial identity impact their use of and views on NSSI?

Summary of Findings and Connection to Current Literature

In this section, I will discuss the themes that emerged through the data analysis process, how they connect back to the research questions that guided this study, and reflect on the ways they connect with the current literature. Overall, the results of this study both reflect and extend upon the present knowledge about the lived experiences of adolescents and young adults of color and their relationship with NSSI. The themes that emerged were as follows:

1. Racial Undertones:” Coming into One’s Racial Identity
2. “I thought I was dealing with the problem:” Exploration of Non-Suicidal Self-Injury
3. The Intersection between Race and Non-Suicidal Self-Injury
4. “Because she wouldn’t understand:” When Support is Missing
5. When Support is Provided
6. We Shall Overcome!

**Theme 1: “Racial Undertones:”
Coming into One’s
Racial Identity**

Many of the participants discussed explicit moments in their lives where they became aware of their identities as people of color. A number of the participants discussed the role of family members in their process of understanding and exploring their racial identities. Alex talked about the role that her mother played in her identity development, as throughout her childhood and early adolescence, conversations with her mother helped to delineate the differences she noticed within her family as compared to White families. She and other participants described the process of discussing these cultural differences. Noticing the ways in which the majority culture looked different than theirs began to help shape how they understood themselves in relation to those majority groups.

In addition to the processes of racial identity recognition and development that took place within themselves or their cultural spheres, the participants also discussed the phenomenon of gaining a sense of their race through comparison to majority groups or cultures around them. Many of the participants discussed this process as providing them with the opportunity to become more aware of what customs and characteristics help to shape the identities they hold. The comparison also extended to the differential ways in which individuals were treated by those with White identities, or in Joey’s case, groups who somehow were considered to be more “superior” to others. These differences were significantly negative, with the participants describing racism, discrimination, and microaggressions as catalysts for this budding awareness. These aforementioned experiences coincided with ethnic identity development models that suggest that

individuals gain a further sense of connection to their identity through learning more about one's culture and the behaviors, beliefs, or assumptions associated with that culture, as well as from bumping up against White culture and noticing feelings of difference (Chávez & Guido-DiBrito, 1999; Parham, 1989).

Riley presented a complicated example of this experience with race-based differential treatment, and the impacts that this can have on one's understanding of themselves and their identity. She had to cope with a number of discriminatory experiences and the resulting questioning of herself. Her experiences were particularly complicated, as on the one hand she was held back in ESL classes due to her being a first-generation student. Yet on the other hand, when she no longer was in ESL was expected to fit into the "model minority" myth despite struggling academically. The model minority myth is often present in the process that individuals from Asian cultures go through when reflecting on who they are racially and the assumptions being made about them and their experiences (Sue, Bucceri, Lin, Nadal, & Torino, 2007).

Some participants described that a part of their racial identity development process included moments of denial, disconnection, or rejection of their racial or cultural group. For some such as Yvette, this looked like an intentional movement away from their racial identity, as Yvette named their struggle seeing their individual uniqueness represented in their cultural group. This was largely informed by feeling very different and "other" than those around them, largely because of their interests and early struggle with mental health concerns. Phinney (1990) wrote about how a number of different facets that can shape how an individual connects to their racial or ethnic groups and identities. More specifically, Phinney's findings overlap with the present data as they

describe how finding a sense of belonging, or in Yvette's case a lack thereof, can influence how closely connected one feels to their culture. For other participants, this aspect of their identity development process seemed more akin to denying racism and race-based discrimination. Alex discussed how she moved through an aspect of her own identity development, ignoring microaggressive statements about her capabilities and essentially protecting herself by trying to see the world through "rose-colored glasses."

Theme 2: "I thought I was dealing with the problem:" Exploration of Non-Suicidal Self-Injury

Some of the participants described contributing factors to their NSSI use that were less specific to their racial identities. Joey described a number of experiences that likely impacted the development of her NSSI behaviors, and shared that she believed one of the catalysts to influence the emergence of her depression was her being sexual assaulted at the hands of a tutor. Due to marginalizing societal and familial messages around such experiences, for a number of years she felt unable to disclose this experience to her family and was left to try and manage her resultant feelings on her own. Like all of the other participants, Joey eventually turned to NSSI.

Ann noted that much of her bullying was associated with other factors. However, she did experience racist name-calling in the midst of the horrendous bullying that she endured, which seemed to have a small racial component at times. Additionally, Bri spoke more about her gender identity rather than her racial identities, given that some of the harassment she alluded to was sexual in nature; her being woman is largely what influenced her being assaulted and the resulting distress. Ann and Bri experienced intense harassment, bullying, and assault, and both described the negative psychological impacts

that these experiences had on them. They cited struggling with depressive symptoms, that they thought very little of themselves, and that they struggled to see themselves as worthy. These subsequent struggles strongly influenced the development of their NSSI behaviors. Experiencing bullying and harassment, which led to depressive symptoms and eventually to NSSI behaviors, coincides with previous literature that has examined the connection between bullying and NSSI (Lereya et al., 2013).

Many of the participants discussed the intended function of their NSSI use. The overall theme was that their NSSI behaviors were a form of coping that allowed them to manage a multitude of negatively-valenced emotions and experiences. NSSI provided a number of the participants with a chance to feel relief from the intensity of an emotion they may have been experiencing previous to the behavior. Joey, for example, stated that her NSSI use “just made [her] feel better.” These behaviors also served as distractions, as other participants discussed that the physical pain distracted them from their emotional pain. For Zainab, NSSI served several functions, including as an avenue for her to punish herself for behaviors of her that she deemed as significantly shameful mistakes. These findings were quite consistent with much of the literature regarding the function that NSSI can play for individuals (Abrams & Gordon, 2003; Briere & Gil, 1998; Connors, 1996; Laye-Gindhu & Schonert-Reichl, 2005). This included the function of NSSI use as a form of punishment, emotional relief, and as a way to distract the user by the focus shifting to the physical sensations that occur after self-harming.

Participants also described ways in which their NSSI behaviors began to shape how they moved through their lives. Engaging in NSSI behaviors placed some of the participants in a position to try to hide not only their scars, but also the pain and distress

that influenced the behaviors in the first place. Hiding the pain was often linked to the concept that as individuals of color, the participants had to be seen and had to see themselves as strong. Showing any kind of weakness, whether that be their emotional turmoil they were experiencing or even their scars did not feel acceptable. This hiding began to dictate what clothes the participants wore, efforts to make sure that family members did not see these areas of their body where they self-harmed, and overall influenced an element of having to be constantly on alert.

Lastly, a few of the participants discussed the addictive aspect of their NSSI behaviors, noting that at times quitting altogether seemed difficult. The concept of, “Once you start you can’t stop” was discussed, as even a small amount of relief seemed to make it that much harder for these participants to move away from those behaviors. This concern that it had an addictive quality was notably expressed by Joey, who asked me at the end of the interview if individuals ever truly quit engaging in NSSI or will they be condemned to return to the behaviors even after years of non-engagement. This theme was somewhat consistent with the literature, as some research did attend to addictive quality some of the participants noted (Scourfield, Roen, & McDermott, 2011). Scourfield et al. (2011) explored the role self-harm behaviors can play in the lives of adolescents and young adults, and noted that for some of their participants, NSSI presented with an addictive quality.

Theme 3: The Intersection between Race and Non-Suicidal Self-Injury

One of the major themes that emerged from the data was regarding the intersection between racial identity and NSSI use. This intersectional phenomenon was broken up into three sections: (a) the role of that internalized oppression or internalized

racism played in their NSSI use, (b) NSSI behaviors compounding the pain the participants were already experiencing, and (c) disconnection and lack of belonging influencing NSSI.

The participants often cited the ways in which they struggled to see themselves in a more positive light, which often seemed influenced by the messages about their worthiness that they had received throughout their lives. They had begun to internalize the racist beliefs that were communicated to them through the unjust and unwarranted differential treatment that they received from others, as well as through various societal messages that demonstrated that being a person of color was a negative and less valuable identity to hold. The impact of this constant negative barrage of such messages was that some of the participants began to believe that because of the color of their skin they must not be as worthy as others, and essentially that they “deserved” the pain that they inflicted upon themselves.

A related subtheme, “Now I have pain on top of pain,” outlines the function of NSSI and the eventual impact of that form of coping on the individual. Some of the participants discussed that one of the functions of their NSSI behaviors was to try to find a way to attend to the impacts of the racism and oppression that they had internalized. This theme characterizes the moment where they began to notice and discern that the NSSI behaviors that they thought were helping in fact were not; and instead those behaviors were actually causing them more pain, suffering, and shame. The NSSI behaviors did not help them to resolve the turmoil that was associated with their negative self-evaluation of themselves. These behaviors were compounding onto their race-based turmoil, and they were inevitably left to try to cope with the detrimental effects of both.

Lastly, feeling misunderstood and a lack of belonging played a large role for a number of participants in their conceptualization of the relationship between their NSSI and their racial identity. The messages often present in a variety of communities of color regarding mental health and NSSI left many of the participants either feeling misunderstood when trying to seek help from others, or fearing that they would be misunderstood. Upon reaching out the participants described that having the intersectional experience of their NSSI and racial identity being incomprehensible within their communities contributed to them feeling as if they did not belong, and was a contributing factor for their NSSI use.

Theme 4: “Because she wouldn’t understand:” When Support is Missing

Participants discussed their experiences with feeling as if something was missing when they reflected back on what was occurring for them when they navigated their struggles with NSSI use and racial identity development. This was commonly experienced within their families. Many of them recounted the ways in which their family members struggled to meet their unique needs, which included them feeling as if their family members would not be able to relate to or understand what the participants were going through. Some of the participants belonged to families that just did not talk about mental health concerns, so they were left trying to make sense of these emotions and experiences without that place for support. Given some of the narratives that they internalized, for example that as a person of color you do not look outside of your family system for support or seek mental health services, these individuals were then left in a difficult position. Other participants discussed feeling misunderstood and as if their

families were just not able to, as Ann named, “put their grasp” on how and why they would be engaging in NSSI behaviors as a way to cope. This finding is consistent with previous research documenting the connection between less supportive and difficult parental and familial relationships, and NSSI onset and use (Adrian, Zeman, Erdley, Lisa, & Sim, 2011; Tatnell, Kelada, Hasking, & Martin, 2014). Previous research found that when adolescents were experiencing a lack of emotional support in their families, they tended to have more emotional dysregulation and subsequently more frequent and severe NSSI usage.

In addition to the lack of familial support that the participants often cited, many of them also discussed the lack of social connections, specifically through friendships and their communities as impacting their NSSI use. Given some of the larger messages in communities of color about mental health concerns and whether or not someone should access care, some of the participants felt ostracized and othered for struggling in this way. For them, this phenomenon existed both here in the United States and more intensely in Uganda, as Joey described the harrowing way that bodies of those who die by suicide are treated there. These sorts of experiences left many of the participants lacking a sense of connection and belonging to one’s ethnic group. The absence of the sense of belonging has been shown in previous literature to have a positive relationship to NSSI (Wester & Trepal, 2015). As has been described throughout the stories of the participants, missing this important connection to one’s culture can hold significant implications for the psychological wellbeing of adolescents of color.

When Support is Provided

Alternative to the theme listed above, many of the participants were able to reflect on various aspects of support that they did receive throughout their lives as they navigated both their identities and their NSSI use. These supports manifested through family relationships, friendships, their communities, and through academics.

Many of the participants discussed how finding the individuals and friends that they “fit in” with provided them with support in a number of ways. For some, these friendships provided avenues for them to experience nonjudgmental connections with others and a chance to be more accepted as who they were in their identities. Some made these connections with other people of color that had also experience with NSSI behaviors, which also allowed them to feel less alone and like an outsider within their cultural communities. Seeing and connecting to others who likewise struggled with NSSI and other mental health concerns additionally helped to normalize this phenomenon for the participants. These friendships and the associated sense of belonging that they gained from them played important roles in the participants’ ability to feel more affirmed in their racial identities.

Receiving parental support was also discussed as important to some of the participants. For the participants who felt able to reach out to their parents, knowing that they were there for them no matter what allowed them to feel more secure and empowered to occasionally open up and ask for help. These relationships also served as motivators for some to seek different ways of coping with their distress beyond using NSSI. This could suggest that adolescents with more parental support are better able to prevent their NSSI use from further escalating over time and are able to end their NSSI

behaviors more quickly. Previous research also showed that supportive familial relationships were found to be a significantly important protective factor for adolescents who engage in NSSI (Brausch & Gutierrez, 2010; Muehlenkamp & Gutierrez, 2007; Tatnell et al., 2014). Familial support was found to help reduce the length of time that adolescents may engage in NSSI behaviors, as well as reduce how often they engaged in NSSI.

Lastly, a number of the participants discussed how their communities and academia provided important avenues for seeking support with their NSSI use and identity development. Connecting to other communities of color, both those with shared and differing ethnic backgrounds served important functions for the participants. As was similarly discussed earlier, when reflecting on the role of friendships, being more directly connected to these communities allowed the participants with the opportunity to connect to their racial identities in a way that felt more supportive to them. This sense of belonging to one's ethnic group has been shown to be a protective factor against NSSI engagement among adolescents and young adults of color (Wester & Trepal, 2015). Being in close connection with other people of color gave these participants greater senses of ease and comfort with themselves and with their identities that they had otherwise not been able to feel when in predominately White spaces. At times these connections allowed for deeper understandings of both themselves and their cultures, and at other times they simply provided the opportunity to just engage and connect with similar in a more easy-going way. Academic support also served a supportive role for some of the participants and provided a number of resources. For some, gaining mentorship and support from teachers and professors helped the participants to challenge

their internalized beliefs about their ability to succeed as people of color. Engagement in academic endeavors, and the associated achievements that followed helped the participants to gain a stronger sense of themselves as well as a grounding in their identities, a phenomenon also present in the literature (Rivas-Drake et al., 2014). They found, for example, that academic achievement and engagement was positively associated with ethnic identity affirmation among adolescents of color. These connections also provided participants with the chance to connect with academics of color, whose support and encouragement influenced their continued self-growth.

Theme 6: We Shall Overcome!

The final theme of this study elucidates how the participants eventually overcame their NSSI use and the concerns that influenced the development of those behaviors. In comparison to the aforementioned theme about receiving support, this section is focused on the individual and intrapersonal processes of the phenomenon of managing NSSI. More specifically, this theme describes the roles that: (a) seeking alternative coping skills, (b) connecting to and discovering one's self-worth, and (c) learning self-acceptance had on their healing process.

Many of the participants discussed that seeking alternative coping skills to replace their NSSI behaviors was an important aspect of their healing process. For some, the process of trying different forms of coping, regardless of whether they were as effective for them as was NSSI, was a key element to their ability to overcome those behaviors. The phenomenon of planning alternative coping skills instead of NSSI was reflected in the literature. Kelada, Hasking, and Melvin (2018) found that those who engaged in a

refocusing process were better able to overcome the experiences associated with their NSSI use and were able to reduce their NSSI behaviors.

Another important factor that influenced the process around NSSI recovery for these participants regarded the discovery of, and connection to, a sense of greater self-worth. A number of the participants discussed their experiences with battling low self-worth and self-doubt. Having opportunities to challenge those beliefs, whether through the academic achievement route that Luis discussed, or through more the intrapersonally reflective route that Alex and Ann each described provided the participants with a much more positive view of themselves.

Lastly, the related conceptual process of gaining self-acceptance influenced how the participants were able to find other ways to overcome their NSSI use. Joey spoke to this phenomenon, stating how it was important for her to recognize that shaming herself for her depression was not helping her, and that instead reminding herself that feeling sadness was not a “crime was helpful.” She and many of the others described how offering themselves compassion and acceptance allowed them to find other ways to reflect on the concerns that influenced their NSSI use. This finding is consistent with previous research that found self-compassion acted as a buffer against adolescent NSSI use (Xavier, Pinto-Gouveia, & Cunha, 2016).

Implications

Research Implications

The present study consisted of eight participants who held racial identities from most of the major racial groups represented in the U.S. and Uganda. This variety allowed for a deeper and more transferable exploration of the phenomenon of NSSI and its

connection to racial identity. Additional research could extend these efforts through both increasing the sample size and interviewing larger numbers of people from those multiple racial groups. Having a larger sample size overall would increase the transferability of these findings, and having greater representation among the varying racial groups may allow for future research to come to more specific conclusions based upon membership to specific groups, rather than just to the larger construct of being a person of color.

Among this study's sample, while many of the participants identified in the demographic portion of the Qualtrics questionnaire that they belonged to one major racial group, three of the participants shared having a multiracial background. While the current research did not explicitly distinguish these individuals and their experiences from those with monoracial identities, they did discuss a phenomenon during the interview that was not shared by all. Participants with multiracial identities, particularly if one of those identities was White, discussed some of their difficulties with navigating White and non-White spaces and experiences. This process may have impacted the ways in which they struggled to find a sense of belonging and connection, and thus influenced their NSSI use. Wester and Trepal (2015) explored the relationship between belongingness and NSSI use among a number of monoracial racial groups and given their findings of a negative relationship between belonging and NSSI use, this may help explain what influenced those multiracial participants' use. This element of this phenomenon could be further explored through future research and may be able to highlight potential differences between the experiences of NSSI use among those from monoracial versus multiracial minority groups.

The participants whose experiences are presented in this study were between the ages of 18 to 24 years old. Participants were able to reflect back on their experiences with NSSI as adolescents, yet they each had several years from the phenomenon to engage in the interview. Given that the focus of this research was on the lived experiences of adolescents of color, future research could more specifically hone in on that phenomenon by limiting the inclusion criteria to just those with ages ranging from 14 to 19 years of age. The initial research design was to explore the experiences of those still within adolescence, largely in an attempt to fill that gap of research with that specific population. Future research focusing on that age range would provide an opportunity to explore the phenomenon and any potential differences in how it is reflected upon when in adolescence versus young adulthood.

To attend to the aforementioned implication, future research on this topic may consider changing some of recruitment strategies used to gather such participants. The initial intention within the present study was to recruit adolescents and young adults of color whose ages ranged from 15 to 21 years of age. Given the time-limited nature of this study and the difficulty experienced in gaining access to participants within this age range, I adjusted the recruitment strategies. I increased the age range of the inclusion criteria to age 24 and added the strategy of contacting diversity-related offices on college campuses across the U.S. to disseminate recruitment information for this study among its members. Adding these changes allowed for a faster recruitment process, yet it did not yield participants that were in the initial age range. Those seeking to extend this research may consider recruitment strategies that include contacting high schools as well as clubs and organizations for adolescents of color to better capture this population.

Additionally, given the changes made to my recruitment strategies, the large majority of my participants were currently enrolled in or completing undergraduate studies. While helpful in providing a diverse racial and surprisingly diverse sexually-oriented sample, they were homogenous in that they were predominately undergraduate students. This homogeneity limits the transferability of the results to college students of color. Future research may want to consider additional approaches to diversify the educational and career-oriented backgrounds of the participants. This may allow for further application to people of color who either may not have access to an undergraduate education or may not have interest in pursuing advanced education.

The majority of the participants in the study identified as cisgender women, with one other identifying as a cisgender man and another identifying as gender fluid. To further explore the intersectional experiences of race and gender, and more specifically to have a greater representation of cisgender men and gender-diverse people of color who have experience with NSSI, future research could use snowball sampling procedures to increase the representation of those groups. Particularly, employing sampling procedures focused on cisgender men and gender-diverse people who have engaged in NSSI use could increase the applicability of the phenomenon to a broader sample. This may be a worthwhile endeavor as research is limited on the ways in which cisgender men of color and gender-diverse people of color may experience their NSSI use differently than cisgender women.

Lastly, due to the feedback that was provided by the participants, it feels imperative to acknowledge the need for more researchers, faculty, and counseling psychologists of color. In many ways I believe that my membership in this community

and my disclosure of my own identities may have positively influenced not only recruitment, but also the openness to with which these participants shared their experiences. Much of the feedback that was provided about what is needed in the field, which will be further discussed in the clinical implications section below, was that having a shared or similar identity to their psychologist could increase one's comfort for disclosure as well as ease the fears and stigma associated with seeking mental health treatment. It could be posited that this same dynamic would apply to the role of a researcher. Given the history regarding how racial minority groups have been treated so poorly and have been exploited through psychological research (Brandt, 1978; Corbie-Smith, Thomas, & St. George, 2002), many individuals of color may be leery of engaging in research, particularly without an established way to build trust. Increasing the amount of people of color in the field of psychology as a whole, and more specifically among those conducting research, may allow for an increased level of comfort for participants of color being willing to engage in research. Additionally, having researchers and faculty members guiding those researchers that can personally relate to the lived experiences of their participants may reduce the chance that interpretations could be influenced by unrealized internal biases. As White researchers may be entering research with people of color from a racially privileged place, this social location could influence the potential for biased perceptions of people of color to influence their interpretations. As researchers of color would more likely be able to connect with the lived experiences of their participants, this connection may reduce the opportunity for undue biases to appear.

Theoretical Implications

The present research provides both corroborating and extending reflections on the process of racial and ethnic identity development, the theories of which were foundational to this study. In numerous ways the participants reported experiences that were consistent with many aspects of the foundational racial and ethnic identity development models (Cross, 1995; Phinney, 1990; Parham, 1989), and in other ways, built upon these models through added nuance and complexity. This complexity will be discussed below.

The phenomenon of feeling connected or disconnected to one's racial identity and racial group played a significant factor in both the participants' understanding of their racial identities and their experiences with self-harm. Previous models often discussed these processes through which individuals come to feel more connected to their racial groups, often through the "immersion" process (Cross, 1971). This often allows the individual to have a deeper understanding of both themselves and their ethnicity. The present research findings support this, as many of the participants described their process of self-understanding as an important aspect of how they came to resolve some of the internalized oppression and distress that they were experiencing. Additionally, this connected with Phinney's (1990) supposition that nondominant ethnic groups have to find a way to make sense of the racism that they experience at the hands of dominant groups. When adding in the role of NSSI to this conversation, this could further highlight the impact that internalized racism may have on adolescents of color. As many of the participants eventually were able to come to find ways to reevaluate their conceptualization of both themselves and their identities, there seemed to be a

corresponding shift in the usage of NSSI. Mandara et al. (2009) found that affirming feelings about the racial group that one belongs to was related to reduction in mental health problems, particularly depressive and anxiety symptoms. This additionally coincides with the present research, as the results demonstrated that as these participants began to find other ways of coping and healing, they also began to feel more affirmed in themselves and their identities.

The concept of reaching a stage of integrated, positive, and holistic connection to one's own identity has been shown to effectively support mental health, and in most models of racial identity development, this is where identity development culminates (Cross, 1995; Phinney, 1990; Parham, 1989). However, what may additionally result from a stronger sense of connectedness to one's own racial identity could be a greater awareness of discrimination, which Sellers and Shelton (2003) found. They went on to further discuss the role that racial identity, not just racial identification, can serve as a protective factor against the psychological distress associated with racial discrimination. In other words, having a stronger sense of connectedness to one's own racial identity seemed to serve as a buffer from some of the psychological distress that accompanied perceived discrimination. While their research was focused specifically on Black identity development, it still seems to parallel the experiences discussed by many of the participants from various racial backgrounds. As we reflect on the theories and models that help us conceptualize what healthy racial identity development looks like and also consider the implications regarding NSSI behaviors and other mental health concerns, we need to be increasingly aware of both the potential positive and negative impacts that can arise as our clients develop a stronger sense of self. Racial identity development is a

complex and nuanced experience, yet many of the models and theories to date seek to simplify the developmental processes. Therein, the current research provides both similar and differing findings when compared to some of the existing identity development models.

A final theoretical implication to be further explored relates to concept of internalized racism and its impacts on racial identity development and NSSI use. Many of the participants discussed how they (a) may have rejected the culture associated with their own racial identities, (b) tried to deny racism that they experienced as a form of self-protection, or (c) believed and internalized negative messages associated with their own racial identities. All three of the aforementioned examples were the defensive responses to the oppression they experienced in their external worlds. In some ways, these processes appeared to coincide with the “pre-encounter” or initial stages many of theories described (Cross, 1971; Parham, 1989; Phinney, 1990). However, these theories focus more on the rejection processes rather than on how internalized racist beliefs may shape and impact one’s identity development. The results from the current study indicate that rejection of one’s own identity may play a significant role in the racial identity development process, as well as on the overall wellbeing of adolescents of color. This finding has significant implications for the field of counseling psychology. Numerous participants described such strong ties between their self-harm use and the role that internalized oppression played in how they were viewing themselves individually and in the larger societal context. Due to this process, there is a need to reflect on the impacts that internalization may play on the mental health experiences of adolescents and young adults of color. We additionally need to consider how the trajectory of one’s racial

identity development may be detrimentally affected by internalized racism. Future research and theories regarding racial identity development should consider exploring this construct and its role in racial identity development. As there is some research to suggest the detrimental effects of internalized racism on individuals of color (Speight, 2007) and given the implications this current research posits, the implications for further understanding this process is high. Speight (2007) discussed the ways in which internalized racism can cause serious harm to individuals of color. For example, as the discriminatory beliefs are held within the person, there does not even need to be a specific event or interpersonal interaction to occur for that person to be impacted by messages of being less worthy or ashamed. This essentially perpetuates the process of racial oppression, but from within. It seems imperative then that the connection between internalized racism, its negative effects on people of color, and racial identity development be further explored.

In addition to reflecting on the role that racism and race-based discrimination influence adolescents of color, this research also shows the importance of reflecting on how the intersection of multiple marginalized identities, or intersectionality, aligns with NSSI use. Many of the participants held a multitude of marginalized identities, and they discussed the ways in which not only their identities as people of color influenced their experiences with oppression and NSSI, but several also discussed that being a woman or holding a underrepresented sexual identity intersected with their experience with being a person of color. As a field we need to be far more reflective of this process, as we cannot actually separate the ways in which intersectionality can influence a person's experience of a particular phenomenon.

Both the results of this study and previous research have not fully explored the relationship between holding multiple racial identities and NSSI use. Future research would significantly benefit from continued exploration of multiracial identity development. More specifically, research should focus on how multiracial identity development may look similar or different among individuals who hold multiracial identities from both marginalized and privileged racial backgrounds. The present research would suggest that those participants with multiracial identities may have felt that they had to focus on only one identity, and, as Zainab alluded to, attending to the way that their privileged identity benefits them may take precedence over the real experiences of confusion and marginalization that they still very much experience as people of color.

Clinical Implications

In this section I will summarize the themes that emerged from the feedback that the participants had for the field of counseling psychology and mental health practitioners in general. Additionally, I will further discuss what clinical implications can be derived from that feedback and from this study as a whole.

After asking all questions that focused on the participants' experiences regarding their racial identity and NSSI, I posed two final questions. The first question concerned anything that the participant would want the field of counseling psychology to know about their specific lived experiences with being a person of color who also engaged in NSSI. The second question was a broader opportunity for them to provide any general feedback that they had for the field of counseling psychology as a whole. Participants described some of their past experiences in counseling as a way to elucidate what was

and was not supportive for them, and then illustrated different idea that they had regarding how the field can improve.

When reflecting on the final theme presented by the participants, the concept of self-compassion was alluded to. Neff and Dahm (2015) described the various ways that self-compassion has been linked to decreasing self-criticism, increasing motivation, and more specifically related to the current study, positively supporting productive coping from trauma. Given the various ways in which the participants of this study discussed enduring various forms of abusive, discriminatory, and traumatic events, helping individuals with these experiences to develop self-compassion skills may help to mediate some of the effects that come from those traumas.

One such example regarded fit and timing. A few of the participants discussed some of their experiences with how they were met with approaches that were not fitting for what they needed at the time. Ann described her experiences with a therapist who made her “do breaths,” played “weird” music, and tried to offer her tea and a chance to practice yoga. Bri shared how she believed that if a person was not ready for the type of therapy that was being offered to them, there was little that therapy could do to help that person. Neither participant may have had access to other forms of therapy that may have more directly attended to what they needed in terms of adequate and fitting support. What both of their experiences illustrate is that it is imperative that the fit of various therapeutic approaches and the timing of such approaches be taken into account when trying to support adolescents of color who engage in NSSI. Clinicians could, for example, have more collaborative conversations with their clients to determine the appropriateness of an

intervention that is being considered in treatment prior to its use, throughout, and thereafter as well.

Taking client characteristics into consideration when delivering mental health services is a core element of delivering social justice-oriented services to historically marginalized populations within the field of counseling psychology (Constantine, Hage, Kindaichi, & Bryant, 2007). Given this charge that we have chosen to commit ourselves to, Ann's example presents us with an important reflection on why we need to be considering the specific identities of the person sitting across from us when use certain interventions or approaches. Dana (2002) noted that often European American therapists use more ethnocentric (i.e., White) practices when providing care to African American clients, and inevitably they make biased conclusions about those individuals as to why they are not benefitting from therapy, compared to White clients. Interventions such as mindfulness practices, yoga, or any skill for that matter, needs to be culturally-driven and informed, particularly for adolescents who come from marginalized racial backgrounds.

Prochaska and DiClemente (1983) posited a well-known model to describe the place that a person may be in regarding their readiness for behavior change, which since its creation has heavily influenced how our field conceptualizes said change. This model and its associated processes for assessing where someone may currently be regarding their desire for change is imperative to consider when reflecting on how to best support adolescents of color who engage in NSSI. Given the additional layers of stigma within communities of color (which will be discussed further below) that may make accessing mental health treatment all the more difficult, we as mental health providers need to be acutely aware as to where the individual seeking services may be with regard to their

actual readiness for shifting or changing their NSSI behaviors. Without this kind of intentionality, we may unwittingly be reinforcing beliefs that mental health services are not effective in supporting that client in front of us. Bri's conclusion that she did not find therapy to be all that helpful, despite not being ready to end her NSSI use, is a clear example of how this may occur.. This concern feels deeply important to consider when trying to increase accessibility and support for adolescents and communities from marginalized racial backgrounds. As mental health providers we may need to be more intentional about assessing where a client may be in their stage of change and tailoring our interventions respective to that stage, which could increase our ability to provide more fitting and accessible interventions.

Participants discussed their experiences with help-seeking stigma, and the factors associated with their various identities that influenced their level of ease with asking for support with their NSSI use. Alex, Joey, and Yvette each described some of the cultural messages they heard that influenced their hesitation around pursuing mental health services; one such message was that they should be wary or unsure about whether they should seek therapy at all. Historically, communities of color legitimately have had difficult and often detrimental experiences with the helping professions (Brandt, 1978), and they may feel hesitant to trust mental health professionals because of this generational influence. Yvette and Zainab also noted that because of these historical experiences, it takes a lot of effort for many individuals of color to make the choice to attend counseling. They are often asked, and at times expected, to openly discuss their NSSI behaviors, which, as noted above in Chapter IV, is also a stigmatized behavior. Additionally, many of the participants noted the role that their families played in this.

Some stated that family members may not understand or support the adolescent in seeking therapy or that they may expect that such support only be sought out within the family system. Cheng, Kwan, and Sevig (2013) found that perceived stigma from one's social system negatively impacted the attitudes associated with seeking psychological care. The reports by these participants coincide with much of the literature depicting communities of color as struggling more to access and seek mental health support in comparison to White communities. Clinicians need to continue to take this into account when trying to find adequate ways to meet the needs of adolescents of color. Yvette named that providing communities of color with psychoeducation about NSSI may help reduce some of the associated stigma. Given this hesitancy to pursue support, mental health practitioners should also be increasingly aware of the potentially detrimental impact that insisting that a client discuss certain stigmatizing topics, such as NSSI, could have on the therapeutic process, thus leaving these clients to feel less willing to seek help through this avenue.

Another important recommendation for mental health professions that was provided by the participants regarded cultural awareness and sensitivity, as well as the importance of being culturally informed. This was named as an important process for the field of psychology as whole, and for White therapists doing cross-racial therapy in particular. Being informed about what is occurring socio-politically for different groups of color, as well as what has historically influenced the ways that different racial groups have experienced struggle, were described as important aspects of multicultural counseling competency. Riley highlighted this specifically in the context of trauma, stating that clinicians need to be informed about why certain types of trauma and the

“negative, normalized behavior[s]” such as emotional abuse, are “brushed off” in our society and are allowed to continue. She goes on to name that realizing the societal influences around these dynamics is an important part of the process of healing from racially-based trauma and the subsequent behaviors, which could include NSSI.

Constantine et al. (2007) calls on us as counseling psychologists to be knowledgeable about the societal level manifestation and impact of oppression on the individual. This can extend to the need for our field to make concerted efforts to better understand the impact of the socio-political climate on adolescents of color, and how their subsequent NSSI use may be directly connected to these experiences of marginalization. As psychologists we need to be aware of what negative events are occurring within communities of color (i.e., police brutality or racist immigration legislature), and continue to consume research about the potential effects that these experiences have on those communities.

Given that many of the participants described experiences of bullying, trauma, racism, and microaggressions while pursuing their educations, psychologists and clinicians that provide services to children and adolescents of color must be aware that this environment may play a significant role in their experiences with NSSI. School psychologists and mental health practitioners that provide services within the schools could largely benefit from educating themselves about the ways in which racialized discrimination in schools may play a role in their clients’ use of NSSI. This, in addition to reflecting on ways to educate other students and educators may help decrease the incidence of discrimination and oppression in schools, and subsequently may reduce NSSI use among their students.

Additionally, the participants discussed the importance of having clinicians who are aware of the dynamics related to racial identity and to approach those conversations with a sense of intentionality and sensitivity. Riley and Yvette both named the importance of being knowledgeable about different cultural backgrounds and experiences, yet to also be mindful to not overgeneralize and make assumptions that every individual from a certain group shares that experience. This feedback coincides with the literature regarding cultural humility (Hook, Davis, Owen, Worthington, & Utsey, 2013), which suggests that practitioners should balance holding onto their expertise in a given area regarding culture and identity with a stance of curiosity and an openness to being inaccurate, as well as being willing to change with the new insights they gain from the client.

Participants specifically discussed White therapists and what they either hoped would have happened when seeing those individuals or what they would hypothetically like to experience when working with such persons. Alex discussed having an experience with one White therapist who took almost a “color-blind” stance, to the point where Alex felt as if they were trying not to “notice” that she was Black. Alex was left feeling uncomfortable in those spaces. This process is problematic for a number of reasons. Taking a “color-blind” stance as a clinician can leave adolescents and people of color to feel as if their race is not important, and may it send an implicit message to the client that any race related-experiences may not be welcome for discussion in that therapeutic space. Ignoring or disregarding a client’s race-based experiences could be categorized as a “microinvalidation” as it excludes the psychological reality of a person of color’s experience (Sue et al., 2007, p. 274), and therefore could add to the amount of

microaggressive behaviors that the individual has to constantly endure. Additionally, given that for all but one of these participants, their race-based experiences in some way informed their self-harm use, neglecting race in therapy may keep adolescents of color who engage in NSSI use from disclosing these connections, thereby leaving clinicians with an incomplete understanding and conceptualization of those behaviors. The Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017) calls upon psychologists to do no harm. To ensure that this harm is not perpetuated in the context of a space that is meant for healing and growth, White psychologists must work all the more to be increasingly aware of the ways in which their avoidance of the topic of race may negatively impact that client, their therapeutic relationship, and the effectiveness of their treatment. Owen, et al. (2016) additionally demonstrated the importance of making efforts to not only acknowledge, but to deepen the conversation about race and identity when the client brings it up in therapy, as the clients of therapists who attended to those topics in session had better treatment outcomes than those whose clinicians did not.

Lastly, the participants highlighted that White clinicians need to find more effective ways to hold space for adolescents of color to be able to talk about negative race-based experiences they may have encountered at the hands of another White person. Many of the participants noted the importance of “not taking it personally,” and that some of them did not discuss certain experiences for fear of making that clinician “feel bad.” White psychologists who are committed to social justice work have to consider the ways in which the privilege that comes from their White identities impacts racially-marginalized communities (Constantine et al., 2007). The process of attending to

privilege can be intensely difficult and painful, and ethically, White guilt and its associated behaviors do not belong in the therapy room with adolescents of color. To prevent this from happening, White psychologists should seek supervision and consultation to find more appropriate contexts to work through the guilt that may arise from having that privileged identity.

One of the most resounding elements of feedback that the participants provided for the field of counseling psychology was the importance of having more racial diversity and representation among its practitioners. This feedback was provided by both those who had engaged in therapy in the past and those who had not. Many of them alluded to the impacts that identity could or did have on their comfort level when discussing aspects of their experiences that were informed by their race and culture. Riley discussed how if she were to enter counseling, she would particularly desire to have a woman of color as a clinician, given the way that such a clinician could better understand her intersectional experiences with race and gender. She noted that they, even over a man of color, would be better able to relate and attend to the intricacies of that intersectional marginalized experience. Yvette discussed their own lived experience with this phenomenon, stating that they saw both a White clinician and a clinician of color. They were aware and named that they felt more comfortable with the clinician of color, as that therapist could more readily understand some of the cultural dynamics that influenced why Yvette struggled.

These experiences may have large implications when reflecting on some of the aforementioned responses that the participants discussed, such as our making sure that the approach to be used is fitting for the person, and in being aware of and attending to the cultural factors that would influence help-seeking stigma. Both Meyer, Zane, and

Cho (2011) and Ward (2005) attended to the importance of racial identity match when reflecting: (a) on the credibility of the therapist, (b) the working alliance, (c) the distrust of mental health professionals that may occur, and (d) mental health outcomes. Racial identity match or similarity may be particularly important for clients who hold stronger levels of salience with their racial identity (Chang & Berk, 2009; Ward, 2005). There have been significant strides within the field of counseling psychology to increase the amount of diversity among practitioners (Rogers & Molina, 2006). These efforts, however, should not only focus on increasing diversity, but also on creating more opportunities for individuals with marginalized racial identities to pursue degrees and subsequent careers within the field. This focus could have a far-reaching impact on our ability to more wholly engage in our social justice values and to more adequately reach underserved populations.

Limitations

While there were a number of methods that I employed to increase the rigor and trustworthiness of this study, generalizability is inherently restricted within qualitative research due to the structure of the research methods employed (Morrow, 2005). The themes and resulting implications from this study are based on the experiences of the eight individuals who elected to participate in this research. These participants came from different racial minority groups, locations, ages, and genders, each with their own story regarding their past experiences with NSSI. Although this number of participants was within the range of suggested sample sizes for phenomenological research (Creswell, 2007; Polkinghorne, 1989), this number was on the low end of my proposed sample size. This unfortunately may influence the generalizability of the results; therefore, the

interpretations and implications posited throughout should be reviewed tentatively. This cautious, critical process should be inherent when consuming research that includes the experiences of marginalized racial groups, particularly given the history of racist and biased conceptualizations that have driven such research (Brandt, 1978). Tentatively interpreting the applicability of this research also is especially important when considering gender diversity, as all but one participant identified with a cisgender identity. Interpretations regarding international experiences should additionally be interpreted cautiously, as only one participant was not located in the U.S.

Another limitation of the current study is with regard to some of its recruitment strategies. Initially I had intended to gain participants through websites, blogs, and webpages that focused on NSSI use. This method unfortunately only yielded one participant, which led me to explore and implement additional recruitment strategies. These additions included increasing the age range of the inclusion criteria and recruiting through university diversity offices and cultural centers. Adding these recruitment strategies allowed me to gain more participants, yet it provided me with a sample that was largely in their twenties. Those participants were able to reflect back on their experiences with their NSSI use during their adolescent years, but many had not engaged in those behaviors in years. Given the average age of the participants and that they had a number of years to better reflect on their understanding of these phenomena, these participants may come to different conclusions than would individuals still in adolescence regarding their NSSI use and their racial identities. For this reason, it will be important for readers who may be interested in using this research to inform their mental health practices to recognize that the interpretations discussed may differ from the

processes that an adolescent may report experiencing regarding the intersection between their NSSI use and their racial identity.

Self-selection presents as an additional limitation of the current research. The participants who engaged in this study choose to do so for both stated and unknown reasons. Some participants chose to disclose their interest in contributing to this research during the interview, for example the hope that sharing their experiences could positively impact others, while other participants spoke of challenging themselves to be more open about their experiences with NSSI. These participants may differ in some ways from individuals who were made aware of this study yet who chose not to participate, as well as from those who may have completed the Qualtrics study but who declined to further participate at follow up. Such differences may be influenced by a number of factors, one being their comfort level with engaging in research focused on a sensitive and personal research topic. This is an important limitation for consumers of this study to consider, and for future research to seek other ways to tap into the experiences of those who may be more hesitant to discuss their NSSI experiences. This could increase the generalizability to and understanding of individuals that are more hesitant to participate in research.

Lastly, an additional limitation of this study was that I as the researcher only hold a Black racial identity. My connection to the lived experiences of my participants as a fellow person of color may have had a multitude of positive impacts of their involvement in this work, including: (a) their initial willingness to trust in the research process (as I included a picture of myself in my amended Call for Participants in an attempt to both reduce initial concerns about engaging in this research and potentially increase buy-in and trust), (b) their comfort level with disclosing their experiences, and (c) the frankness

with which they spoke to the impacts of racism and to the limitations of having White therapists. The limitation, however, may have been that the participants who additionally shared a Black identity may have felt more open and comfortable to share than did other participants from different racial backgrounds. Future research using a qualitative methodology may benefit from having multiple researchers from differing racial minority backgrounds to conduct the interviews, which could allow for more matching of shared identities. This addition may also allow for greater opportunities to attend to the credibility and confirmability of this study.

Conclusion

This chapter consisted of an overview of the rationale for this study, as well as a discussion of the connections that the emergent themes had to the overall purpose of this study and to the subsequent research questions. I outlined the implications that can be inferred from the findings for both research and race-based and minority stress theories. I additionally provided practical implications for mental health practitioners and for the field of counseling psychology as a whole, based largely on the responses and feedback that the participants provided throughout the interviews. Lastly, the limitations inherent in varying aspects of this study and the research process were delineated.

I deeply hope that the bravery that it took for these participants to trust me to use my positional privilege as a doctoral candidate and future counseling psychologist to uplift their stories and experiences, will provide the field of counseling psychology and the research literature regarding NSSI use and race with a more genuine and specifically informed understanding of this phenomenon. With this, my desire is that we as a field can continue to move forward in how we engage in culturally-informed clinical support and

research. I can hardly express how profoundly moved I am by the strength and resiliency that these participants displayed in the midst of the pain and struggle that they had to endure; a struggle that they did not ask for and that they would have had to endure had they been born into a social system that did not categorize their worth or treatment from others based on the color of their skin. While I do not want to naively assume that our society can quickly shift in such a way to cause these dynamics to completely disappear in my lifetime, I do genuinely believe that we as counseling psychologists can do our part to dismantle these systemic influences within our research, our clinical work, our social justice efforts, and ourselves.

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APPENDIX A**INSTITUTIONAL REVIEW BOARD DOCUMENTS**



DATE:	March 22, 2018
TO:	Chloe Hinton
FROM:	University of Northern Colorado (UNCO) IRB
PROJECT TITLE:	[1062476-3] NON-SUICIDAL SELF- INJURY AMONG ADOLESCENTS OF COLOR: EXPERIENCES WITH RACIAL IDENTITY AND SELF-HARM
SUBMISSION TYPE:	Amendment/Modification
ACTION:	APPROVED
APPROVAL DATE:	March 22, 2018
EXPIRATION DATE:	August 22, 2018
REVIEW TYPE:	Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of August 22, 2018.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.



DATE: October 2, 2018
 TO: Chloe Hinton
 FROM: University of Northern Colorado (UNCO) IRB
 PROJECT TITLE: [1062476-4] NON-SUICIDAL SELF-
 INJURY AMONG ADOLESCENTS OF
 COLOR: EXPERIENCES WITH RACIAL
 IDENTITY AND SELF-HARM
 SUBMISSION TYPE: Continuing Review/Progress Report
 ACTION: APPROVED
 APPROVAL DATE: October 2, 2018
 EXPIRATION DATE: August 22, 2019
 REVIEW TYPE: Expedited Review

Thank you for your submission of Continuing Review/Progress Report materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for

continuing review must be received with sufficient time for review and continued approval before the expiration date of August 22, 2019.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

Thank you for thorough and clear IRB continuation application materials. Your study protocols and materials are approved for another year. Best wishes with your continued work on this research.

Sincerely,
Dr. Megan Stellino, UNC IRB Co-Chair

APPENDIX B
WEBSITE AGREEMENTS DOCUMENT

Message to websites:

Hello! My name is Chloe Hinton and I'm Ph.D. student in the psychology field doing a study on self-harm among teens of color, and I'm looking to do interviews via Skype with interested people. I'm hoping to post a brief description & link about my study on different blogs and websites so that people can participate. I'm hoping to elevate voices of those who've struggled, and want to use my study to do that. Would you be willing to let me post this information on your site? I'd love to answer any questions you have or if you need clarification at hint0908@bears.unco.edu. Thank you for your consideration!

-Chloe Hinton

Website 1:

self-injury.net: info and support community for self-harmers
<https://self-injury.net/>

Sun 9/25, 1:43 AM

To: Hinton, Chloe

Chloe,

That should be fine. Please send me the 'ad' for your study and I'll post it. :)

Take care,

-- Gabrielle

<https://self-injury.net/>

Site 2: Self- Harm Confessions
self-harmconfessions.tumblr.com

Wed 9/21, 6:36 PM

To: Hinton, Chloe

Hi Chloe, my name's [Alex](#) and I'm the current main active staff at [Self-Harm Confessions](#). On the blog we only post confessions and, when necessary, important blog updates. Despite this, I would be willing to post your study bulletin if you can first provide some more info.

You did send this to us, right?

"Hello! My name is Chloe Hinton and I'm Ph.D. student doing a study on self-harm among teens of color, and am looking to do interviews via Skype with interested people. I'm hoping to post a brief description & link about my study on different sites so interested people can participate. I'm hoping to elevate voices of those who've struggled, and want to use my study to do that. Would you be willing to let me post on your blog? I can answer questions at hint0908 @ bears. unco. edu. Thank you!"

If you have some sort of site or area on your uni site displaying who you are, that would be nice to see along with the link that's about your study and the brief description you mentioned. After getting confirmation and such, I can compile it into a post and set it loose. The blog has 2,687 followers, in case you're curious ^^

Site 3: Cutting and Self-Injury Forum
psychforums.com/cutting-self-injury/

Thu 9/22/2016 1:30 PM

To: Hinton, Chloe

Dear Student/Researcher,

Thank you for contacting us. We currently see no partnership established with your university/entity. Shall you be interested regarding a potential partnership to benefit all your researchers (students included) for the usage of Psychforums to post their studies/call for participants, please read carefully the following or forward it to the right person if necessary.

In order to make this partnership a win-win situation we open the site to your researchers (based on their email extension that would be all students/researchers having an identified email domain xxxxxx@youruniversity.edu), in the other way we expect you to publish this partnership on your website with a link to our website. It's as simple as that.

If you agree with this, please propose us a text description presenting Psychforums (different text than the other that are listed as example below), in 75-100 words and including one link to our home page (<http://www.psychforums.com>) as well as one link to the page explaining to your researchers how to proceed to submit their survey (<http://www.psychforums.com/surveys-studies/topic44450.html>). It can be just a mention "More information here." with the link on the word "here". Let us know also on which page/section (complete url) it would appear on your website. We also need a contact person (name/email/phone/role) for the partnership in case there is any issue.

Additionally we also appreciate having a press release if you have such a section on your site. Once we agree on this, you just need to put the content online and ask us for verification.

From that time your researchers would be granted to use Psychforums by following strictly the procedure and benefit from one of the biggest online support forum for their studies/call for participants about Psychology and Mental Health. The site gets around 40'000 visitors a day.

Here are a few examples of partnerships we have so you can see what we expect in practice.

The Sophia University: <http://www.sofia.edu/about/consumer-information/>

The Dartmouth Center part of the Dartmouth university
: http://tdchcds.dartmouth.edu/uploads/documents/PressRelease_partnerships_20140919-2.pdf

University of Hamburg (Germany) : <http://www.psy.uni-hamburg.de/de/arbeitsbereiche/klinische-psychologie-und-psychotherapie/forschung-research/partnerships.html>

Shall you have any question please let us know.

In summary, we need 3 things:

=====

- Text description presenting Psychforums of 75-100 words with the 2 links included.
- Complete URL where the partnership text will be presented.
- Contact person (name/email/phone/role) for the partnership.

Psychforums team.

APPENDIX C
CALL FOR PARTICIPANTS



Dear Interested Participant,

My name is Chloe Hinton, and I am a doctoral student at the University of Northern Colorado (UNC). I am currently doing research for my dissertation, which explores the experiences racial minorities adolescents have with non-suicidal self-injury (NSSI). To be considered for inclusion in this study, participants must be between the **ages of 15 and 24**, identify with a **racial or ethnic group other than White**, and have **previous personal experience with NSSI**.

Individuals that meet the criteria highlighted above are invited to participate, as long as you have not engaged in NSSI behavior within the last six months, have not experienced suicidal thoughts within the last six months, or are actively suicidal. Your participation will include one 60-90 minute interview, which will be conducted via Skype or over the phone.

If you are interested in participating in this study, please follow the link listed below. You will be provided with more information about the study, and will be asked to provide some demographic information. If you have any questions please feel free to contact me by phone at 763.412.9991, or preferably by email at hint0908@bears.unco.edu. Please pass the link listed below along to any friends or individuals you know who fit the criteria and would be interested in participating. Thank you for your time and consideration!

Sincerely,

Chloe Hinton, BA
 Counseling Psychology Doctoral Student
 Department of Applied Psychology and Counselor Education
 University of Northern Colorado
hint0908@bears.unco.edu
 763.412.9991

APPENDIX D
AMENDED CALL FOR PARTICIPANTS

Good Morning!

My name is Chloe Hinton and I'm a PhD candidate in Counseling Psychology Counseling Psychology at the University of Northern Colorado. I'm reaching out to your office for help spreading the word about my research. I'm interviewing teens and young adults of color that have had self harm experience for my dissertation. As a person of color, a big sister and a therapist I'm really passionate about this topic, and I think it's hugely important to uplift and represent the voices and experiences of folks who aren't historically being seen or heard in psychology. The interview will last about an hour and will be done via Skype or over the phone, and I'm giving participants that complete the interview a \$15 gift card to Amazon, Starbucks or iTunes as a thank you. To be considered for this study, participants must be between the ages of **15 and 24, self-identify as a person of color** (i.e. with a racial or ethnic group other than White) and have had **previous personal experience** with self-harm. The Qualtrics link listed below will have more in-depth information about the study, what they are consenting to if they choose to participate, will assess for some demographic information, and provides some resources for folks that are interested but may not qualify for my study. Those who would not qualify would be folks that are actively suicidal, and those who have experienced self-harm or suicidal thoughts within the last 6 months. Any questions about me or this study can be sent to hint0908@bears.unco.edu, or chloe.hinton@colostate.edu.

https://unco.co1.qualtrics.com/jfe/form/SV_0GK66wjUI0OoVtb

I greatly appreciate any help in passing this along to those who you know might qualify, and know that I'm grateful for your time and consideration!

Warmly,

Chloe



APPENDIX E
CONSENT FORM FOR HUMAN PARTICIPANTS
RESEARCH



**Consent Form for Human Participants in Research
University of Northern Colorado**

**Non-Suicidal Self-Injury among Racial Minority
Adolescents: How Racial Identity Impacts
Self-Harm Use**

Researcher: Chloe Hinton, B.A.
Doctoral Student, Counseling Psychology
763.412.9991
hint0908@bears.unco.edu

Research Advisor: Jeffrey Rings, Ph.D., LP
Department of Applied Psychology and Counselor Education
970.351.1639
jeffrey.rings@unco.edu

You are being asked to participate in a research study. The purpose of this study will be to explore the experiences racial minorities adolescents have with non-suicidal self-injury (NSSI). To be considered for inclusion in this study, participants must be between the ages of 15 and 24, identify with a racial or ethnic group other than White, and have previous personal experience with NSSI. Exclusion criteria include engaging in NSSI within the past six months, experience with suicidal thoughts within the last six months, or being actively suicidal.

If you agree to participate, you will first be asked to provide some basic demographic information, including age, racial identity, gender identity, sexual orientation, if you have experience with NSSI, and if you have experienced suicidal thoughts. Those who qualify will then be asked to provide an e-mail address which will be used to schedule a 60-90 minute interview via Skype or phone. During the interview you will be asked open ended questions regarding your experiences with NSSI, race, and racial identity development. The interview will be less-formal in nature—the open ended questions will allow the interview to feel more like a discussion or conversation. You may choose not to answer or skip any questions you do not wish to, at no penalty to you. At the end of the interview you will be invited to participate at another time in ensuring the accuracy of the data

descriptions. At the end of the study, I would be happy to share the final results with you at your request.

I will take every precaution in order to protect your anonymity. Prior to the interview, I will ask you to choose a pseudonym to be referred as throughout the remainder of the study, starting from the demographic questionnaire all the way through to the final write up and presentation of the study. Any identifiable information collected throughout the study, such as location, will be changed. Data collected and analyzed for this study will be kept in a password protected folder on the principal investigator's computer, which is also password protected.

The principal investigator will be asking questions that pertain to experiences with NSSI and being a part of a marginalized group. Because of this, there is a possibility that you may experience some emotional or psychological discomfort due to the nature of the topic. Throughout the study you will be provided with mental health resources and referrals should you experience concerning distress at any point. If you do find yourself becoming uncomfortable, you may choose to stop the interview at any time. No deception will be used in the study, as the researcher's intent will be made known immediately in conversation and throughout this consent form.

Potential benefits include the opportunity to gain awareness about and discuss connections between racial identity, multiculturalism, and various experiences that have impacted NSSI use. Other benefits include having your voice and experiences represented in research, which may help to ensure that the experiences of racial minority adolescent are known. This may help individuals who provide therapy make informed decisions when trying to meet the unique concerns individuals like you may have.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please select "Yes" below if you would like to participate in this research. A copy of this form will be sent to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

APPENDIX F
INFORMED CONSENT COMPETENCE QUIZ

1. What is the purpose of this study?
 - a. To discuss what it's like to be in high school
 - b. To explore the relationship between racial identity and NSSI
 - c. To talk about your friends that use NSSI
 - d. To research your views about being a teenager

2. You can voluntarily withdraw from the study at any time. T/F

3. How long must you have go without using NSSI to be included in the study?
 - a. 3 months
 - b. 6 months
 - c. 9 months
 - d. 12 months

4. What happens if you experience distress or discomfort during the study?
 - a. You can end participation in the study
 - b. You will be provided with mental health resources
 - c. You can choose to not answer or skip any question during the interview
 - d. All of the above

5. You must be actively suicidal to participate in the study. T/F

APPENDIX G
LIST OF MENTAL HEALTH RESOURCES

Phone Contacts

Mental Health America.....text MHA to 741741

National Alliance on Mental Illness.....text NAMI to 741741
or Monday-Friday, 10AM-6PM Eastern Time call.....800-951-NAMI

National Eating Disorder Association.....1-800-931-2237

National Domestic Violence Hotline.....800-799-SAFE
trained expert advocates available 24/7

National Sexual Assault Hotline.....800-656-HOPE

National Suicide Prevention Lifeline.....1-800-273-8255
24/7 toll free confidential support with trained crisis workers

Substance Abuse and Mental Health Services Administration Treatment Referral Helpline1800-662-HELP
General information regarding mental health and support finding local treatment

Websites

Anxiety and Depression Association of America

Find a Therapist: www.treatment.adaa.org

Depression and Bipolar Support Alliance- Support Groups

Find a Support Group in your area:

http://www.dbsalliance.org/site/PageServer?pagename=peer_support_group_locator

Online Support Group:

http://www.dbsalliance.org/site/PageServer?pagename=peer_Online_Support_Groups

Lifeline Crisis Chat

Crisis Chat Line: www.crisischat.org/

Mental Health America

Resources Webpage: <http://www.mentalhealthamerica.net/im-looking-mental-health-help-myself>

Mental Health Resources for Adolescents and Young Adults

Resources Webpage: <http://www.adolescenthealth.org/Clinical-Care-Resources/Topics-in-Adolescent-Health/Mental-Health/Mental-Health-Resources-For-Adolesc.aspx>

Teen Mental Health.org

Understanding Self-Injury/Self-Harm: <http://teenmentalhealth.org/understanding-self-injury-self-harm/>

APPENDIX H
DEMOGRAPHICS SURVEY

**Non-Suicidal Self-Injury among Racial Minority
Adolescents: How Racial Identity Impacts
Self-Harm Use**

1. Please choose a pseudonym:
2. Please indicate your age:
3. Please indicate your racial and/or ethnic identity:
4. Please indicate what gender you identify with:
5. Please indicate your sexual orientation:
6. Do you have experience with NSSI use (such as cutting, scratching, or other forms of self-harm that are not suicidal in nature)?
7. If so how long ago did you last use such behaviors?
8. Have you experienced thoughts of wanting to kill yourself or end your life?
9. If so how long did you experience these thoughts?
10. Are you currently experiencing such thoughts?
11. Please provide an e-mail address at which you can be contacted for further participation in the study.

APPENDIX I
SEMI-STRUCTURED INTERVIEW QUESTIONS

Research Questions

- Q 1 How do people of color express their use of NSSI? Particularly, is there a language to how they talk about NSSI?
- Q 2 How do the perspectives that racial minorities have on their racial identity influence their views on and use of NSSI?
- Q 3 What reasons do people of color express for engaging in NSSI?
- Q 4 How do the experiences people of color have in the greater society regarding their racial identity impact their use of and views on NSSI?

Semi-Structured Interview Questions

- 1. When were you first aware of your identity as a person of color? Tell me about that experience and how it was for you.
- 2. What challenges have you faced as an adolescent of color? What did those experiences mean for you?
- 3. What supports have you had as an adolescent of color?
- 4. Tell me about when you first started using self-harm. What lead you to use those behaviors?
- 5. Tell me about your experiences with race and your self-harm use.
- 6. Please describe what your self-harm use meant to you when you used those behaviors.
- 7. Tell me about your experiences with finding support or different ways of coping with your self-harm use. What helped you connect with other ways of coping?
- 8. What would you want a therapist to know about your experiences around being an adolescent of color that has self-harmed?
- 9. What would be helpful for psychologists and those in the counseling field to know?
- 10. What other things would be important to share with me that I have not asked about?